

# **REVIV3 PROCARE CO** Reported by **GO CHRISTOPHER**

FORM 3 (Initial Statement of Beneficial Ownership)

## Filed 09/07/22 for the Period Ending 10/04/21

| Address     | 901 FREMONT AVE.   |
|-------------|--|
|             | UNIT 158 AND UNIT 168                                    |
|             | ALHAMBRA, CA, 91803                                      |
| Telephone   | 888-638-8883   |
| CIK         | 0001718500   |
| Symbol      | RVIV   |
| SIC Code    | 2844 - Perfumes, Cosmetics and Other Toilet Preparations |
| Industry    | Personal Products  |
| Sector      | Consumer Non-Cyclicals                                   |
| Fiscal Year | 05/31  |

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#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person <b>*</b><br><b>Go Christopher</b> |             | 2. Date of Event Requiring<br>Statement (MM/DD/YYYY)<br>10/4/2021       |         |   | 3. Issuer Name and Ticker or Trading Symbol<br>Reviv3 Procare Co [RVIV] |   |   |                  |   |  |  |
|---|-------------|---|---------|---|---|---|---|------------------|---|--|--|
| (Last) (First) (Middle)   | 4. Relati   | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |         |   |   |   |   |                  |   |  |  |
| C/O REVIV3 PROCARE<br>COMPANY, 9480 TELSTAR AVE<br>SUITE 5                | X (         | Director<br>X Officer (give title below)<br>Chief Financial Officer /   |         |   | 10% Owner<br>Other (specify below)                                      |   |   |                  |   |  |  |
| (Street)<br>EL MONTE, CA 91731  |             | 5. If Amendment, Date<br>Original Filed(MM/DD/YYYY)                     |         |   | 6. Individual or Joint/Group Filing(Check Applicable Line)              |   |   |                  |   |  |  |
| (City) (State) (Zip)  |             |   |         |   |   |   |   |                  |   |  |  |
|   | Tabl        | e I - Non-  | Deriva  | tive Se   | curities Benefici   | ially Owned                                       |   |                  |   |  |  |
| 1.Title of Security<br>(Instr. 4)   |             |   |         | Beneficially Owned<br>(Instr. 4)  |   |   | Ownership<br>orm: Direct4. Nature of Indirect Beneficial Ownership<br>(Instr. 5)0) or Indirect<br>)<br>nstr. 5)9. |                  |   |  |  |
| Common Stock  |             |   |         |   | 1,025,709   | Ι   | ł   | By Titan HG,     | LLC ( <u>1)</u>   |  |  |
| Table II - Derivative   | Securities  | Beneficial  | lly Owi | 1ed ( <i>e.g</i>  | g., puts, calls, wa   | arrants, opti                                     | ons,  | convertible secu | urities)  |  |  |
| (Instr. 4)  |             |   |         | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4)<br>Title Amount or Number of |   | or Exercise<br>Price of<br>Derivative<br>Security |   |                  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |
|   | Exercisable | 1   |         | Share   |   |   |   | (Instr. 5)       |   |  |  |

#### **Explanation of Responses:**

(1) These securities are owned by Titan HG, LLC, of which the reporting person is the managing partner.

#### **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                         |       |  |  |  |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer                 | Other |  |  |  |
| Go Christopher<br>C/O REVIV3 PROCARE COMPANY<br>9480 TELSTAR AVE, SUITE 5<br>EL MONTE, CA 91731 |               |           | Chief Financial Officer |       |  |  |  |

#### Signatures

/s/ Christopher Go

\*\*Signature of Reporting Person

9/6/2022 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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