

REVIV3 PROCARE CO

Reported by JAIN MEENU

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/25/23 for the Period Ending 04/21/23

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



☑ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

STATEMENT OF CHANGES IN 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 * | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | ool | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|--------------------------------------|--|---|-------------------------------|---|----------------|---------------------|----------------|---|------------------|---|---|---|----------------------------|--|
| Jain Meenu | | | | | Re | viv3 Pr | ocare Co | [R | VIV |] | | | | | | | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | <i>(</i>) | Director | ```` | | | | | |
| C/O REVIV3 PROCARE | | | | | 4/21/2023 | | | | | | | | X_ Officer (give title below) Other (specify below) Chief Financial Officer | | | | |
| COMPANY, 5 | 9480 TE | LSTAR | R AVE. | STE. | | | | | | | | | | | | | |
| | (Stre | et) | | | 4. I | f Amendn | ent, Date (| Origin | nal Fi | led (M | ИМ/Е | DD/YYYY) | 6. Individual of | or Joint/G | roup Filing | (Check Appl | icable Line) |
| EL MONTE, CA 91731 | | | | | | | | | | | _X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | | | Table I | - Non- | Deri | ivative Se | curities A | equire | ed, D | ispos | sed o | of, or Be | neficially Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans. | | | 1 | Date 2A. Deemed Execution Date, if any 3. Trans. Co (Instr. 8) | | ode | or Disposed of (D) (Instr. 3, 4 and 5) | | | D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | V | Amo | | (A) o (D) | | | | | (I) (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | | 250,000 | I | By Jain Family Trust | |
| | Tab | le II - De | rivative | Securit | ies I | Beneficial | y Owned | (e.g., | puts | , calls | s, wa | arrants, | options, conver | tible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deem Execution Date, if ar | | | Derivat Acquire Dispose | ve Securities d (A) or d of (D) , 4 and 5) | | and Expiration Date | | | | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Cod | de | V (A) | (D) | Date Exerci | isable | Expira Date | ntion | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect | |
| Stock Option (right to buy) | \$0.2 | | | | | | | () | 1) | 11/1/20 | 032 | Common Stock | 300,000 | | 300,000 | D | |

Explanation of Responses:

(1) Options vest as follows: 25% of the original grant amount vests on January 30, 2023 and the remainder vests in 33 equal monthly installments on the first day of each month, beginning February 1, 2023.

Remarks:

The reporting person retired as Reviv3 Procare Company's Chief Financial Officer effective April 21, 2023. As a result, the reporting person is no longer subject to Section 16 in connection with her transactions in the equity securities of Reviv3 Procare Company and therefore will no longer report any such transactions on Form 4 or Form 5.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|-------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Jain Meenu | | | | | | | | | |
| C/O REVIV3 PROCARE COMPANY | , | | Chi-f E:i-l Off: | | | | | | |
| 9480 TELSTAR AVE. STE. 5 | | | Chief Financial Officer | | | | | | |
| EL MONTE, CA 91731 | | | | | | | | | |

Signatures

/s/ Meenu Jain 4/24/2023

**Signature of Reporting Person

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 4(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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.