FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* White Jacqueline L.			Requiring (Month/Da	2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2021 3. Issuer Name and Ticker or Trading Symbol Ipsidy Inc. [IDTYD]						
(Last) (First) (Middle) C/O IPSIDY INC.				4. Relationship of Reporting Issuer (Check all applicable)	,,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
670 LONG BEACH BLVD.					X Director Officer (give	10% O Other (wner (specify		6. Individual or Joint/Group Filing (Check Applicable Line)	
(Street) LONG BEACH, (City)	NY (State)	11561 (Zip)	_		title below)	below)		X	Form filed Person	by One Reporting
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	Form: D (D) or Ir			ature of Indirect Beneficial lership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		conversion Conversion		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)
Stock Options		06/09/2021	06/09/2031	Common Stock, \$0.0001 par value per share	62,500	7.8		D		

Explanation of Responses:

/s/ Jacqueline L. White

06/18/2021

** Signature of Reporting

Date

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

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 Number.

^{*} 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).