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*     Puri Sanjay			Requiring (Month/Da	2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2021  3. Issuer Name <b>and</b> Ticker or Trading Symbol  Ipsidy Inc. [ IDTYD ]						
(Last) C/O IPSID	(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. In	ndividual or Joint/Group Filing eck 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 or Exerc		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	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/ Sanjay Puri

06/18/2021

\*\* Signature of Reporting Person

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.

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

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