FORM 4

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, I | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Fisher Kenneth R | | | | | 2. Issuer Name and Ticker or Trading Symbol Bluejay Diagnostics, Inc. [BJDX] | | | | | | | | (Chec | k all app Direc | onship of Reportion Il applicable) Director Officer (give title | | son(s) to Is 10% O Other (| wner | |
|--|--|-------|--------------|--|--|---|--|--|--|--------|-----------------------|---|---|--------------------|---|--|----------------------------------|-----------|--|
| (Last) (First) (Middle) C/O BLUEJAY DIAGNOSTICS, INC 360 MASSACHUSETTS AVENUE, SUITE 203 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/25/2022 | | | | | | | | X | belov | | | | | |
| (Street) ACTON (City) | M/ | A 0 | 1720 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | , 4 and Secui Bene | | cially Following | Form (D) or | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ransaction(s) nstr. 3 and 4) | | | (11341.4) | |
| Common Stock 04/25/2 | | | | | 2022 | | | P | | 20,000 | A | 1 \$ | 0.99 | 99 20,000 | | | D | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | Code (8) | Transaction of Code (Instr. Derivative | | vative irities iired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amou or Numbo of Title Share: | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

/s/ Kenneth Fisher

04/27/2022

** Signature of Reporting Person

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 Number.