FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL 3235-OMB Number: 0104 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

1. Name and Address of Reporting Person*  Scally Frances P	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 09/26/2023  3. Issuer Name <b>and</b> Ticker or Trading Symbol  Bluejay Diagnostics, Inc. [BJDX]					
(Last) (First) (Middle) C/O BLUEJAY DIAGNOSTICS, INC,			Relationship of Reporting Person(s) to     Issuer     (Check all applicable)     Director     10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
360 MASSACHUSETTS AVENUE, SUITE 203			X Officer (give title below)	Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) ACTON MA 01720						Form filed Reporting I	by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		E	2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: I (D) or In (I) (Insti	ership Direct ndirect	4. Nature of Indire Ownership (Instr.	
		erivative	Beneficially Owned (Instr.	3. Owner Form: E (D) or Ir (I) (Insti	ership Direct ndirect r. 5)		
		erivative s, warrar	Seneficially Owned (Instr. ) Securities Beneficia	3. Owner Form: E (D) or Ir (I) (Instruction ble sec	ership Direct ndirect r. 5)	Ownership (Instr.	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Frances Scally 10/11/2023

\*\* Signature of Reporting

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.

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.