FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235- 0104				
Estimated av erage 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 Weintraub Bennett	Requiring	2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol Apimeds Pharmaceuticals US, Inc. [[APUS]		
(Last) (First) (Middle) C/O A PIMEDS PHARMA CEUTICALS US, INC. 2 EAST BROAD STREET, 2ND FLOOR	03/04/2025		4. Relationship of Reporti Issuer (Check all applicable) X Director Officer (give title below)	ng Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HOPEWELL NJ 08425 (City) (State) (Zip)	-					(CheckApplicabl X Form filed Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
		2. Amount of Securities Beneficially Owned (Instr. I)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
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		s, warrar	nts, options, convert	ible se		5. ion Ownership ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	

Explanation of Responses:

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney No securities are beneficially owned.

/s/ Nelson Mullins Riley & Scarborough LLP,

05/08/2025

** Signature of Reporting Person

Attorney-in-Fact

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.