FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL					
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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* <u>Kogan Elona</u>	2. Date of Event Requiring Statemer (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Apimeds Pharmaceuticals US, Inc. [APUS]					
(Last) (First) (Middle) C/O APIMEDS PHARMACEUTICALS US, INC. 2 EAST BROAD STREET, 2ND FLOOR	_ 03/04/2025	4. Relationship of Reporting Person Issuer (Check all applicable) X Director 10% (Officer (give title below) below		ner File	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HOPEWELL NJ 08425 (City) (State) (Zip)	-			(Ch	Y Form filed Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned							
, , , , , , , , , , , , , , , , , , , ,		2. Amount of Securities Beneficially Owned (Instr.	3. Owners Form: Dire	ect Owr	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
			(D) or Indir (I) (Instr. 5)				
1			(l) (Instr. 5)	ed			
1		/e Securities Benefici rants, options, convert	ally Owne tible secur	ed rities)	5. Ownership Form: Direct (D)	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,
Attorney-in-Fact

05/08/2025

** Signature of Reporting Person

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.