## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

IIISIIUC																				
1. Name and Address of Reporting Person*  Zak Lourie S.					2. Issuer Name and Ticker or Trading Symbol GENELUX Corp [ GNLX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Zak Lo	uric b.														Directo			10% Ov		
-					$\perp$									_ [	Officer below)	(give title		Other (s below)	pecity	
(Last)	(F	irst)	(Middle)				of Earliest	Trans	action (M	onth/[	Day/Year)				Chief Financial Officer					
C/O GENELUX CORPORATION					12/18/2024									Cinei Financiai Officei						
2625 TOWNSGATE ROAD, SUITE 230																				
(011)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)	AIZE													Line			_	5		
WESTL	C	A	91361													,		orting Perso		
VILLAG	īE														Form f Persor		re thar	One Repor	ting	
-																				
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, o	r Ben	eficial	y Owned					
Date				/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Dispose	Securities Acquired (A) isposed Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) o	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/18					8/2024				<b>A</b> <sup>(1)</sup>		41,65	(A) or (D) Pr		\$0	82,452			D		
						_		_												
		•	ا - Table II )								osed of, onverti				Owned					
1. Title of	2.	3. Transaction	3A. Deemed		i.		5. Numb		6. Date E				Title and		8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution I if any (Month/Day	Date, 1	ransa	ansaction of ode (Instr. Derivative		Expiratio (Month/D	)	of S Und		ecurity	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownershi (Instr. 4)			
													- 1	Amount						
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	- 1	Number of Shares						

## **Explanation of Responses:**

\$2.29

Stock

(right to

buy)

1. Represents restricted stock units ("RSUs") granted pursuant to the Issuer's 2022 Equity Incentive Plan. Each RSU represents the contingent right to receive one share of common stock upon vesting. 25% of the RSUs vest on August 1, 2025, and the remaining RSUs shall vest in 12 equal quarterly installments thereafter.

(2)

2. 25% of the shares vest on August 1, 2025, and the remaining shares shall vest in 36 equal monthly installments thereafter.

/s/ Sean Ryder, Attorney-in-

56,525

\$<mark>0</mark>

Fact

Stock

12/17/2034

\*\* Signature of Reporting Person Date

12/20/2024

56,525

D

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).

12/18/2024

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

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.

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