FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323		

	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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	OMB APPROVAL							
	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Smalling Ralph			2. Issuer Name and Ticker or Trading Symbol GENELUX Corp [GNLX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
														V	Office	er (give title		Other (s	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024								1	below) below) Head of Regulatory						
C/O GENELUX CORPORATION 2625 TOWNSGATE ROAD, SUITE 230			12/10/2024																
	WINDOZIII				4 If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								C. Individual or Iniat/Crown Filing (Charle Applicable					
(Street)					4.117	Amena	ment,	Date o	Ongina	rriec	ı (Monun/Da	y/ rear)	6. Individual or Joint/Group Filing (Check Applica Line)				pplicable	
WESTLA VILLAG	CI	A 9	1361									V	_	orm filed by One Reporting Person orm filed by More than One Reporti erson					
(City)	(St	ate) (Z	Ľip)																
		Table	I - Noı	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enet	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date		Date,	Transaction Dispo		Disposed (4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securit Benefic Owned	rities Fe ficially (E d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) (D)	or P	rice		ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 12/16/2					2024			S ⁽¹⁾		2,510	Г) !	\$2.34	16	6,322(2)		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	per					

Explanation of Responses:

- 1. Represents shares sold by the Reporting Person to cover estimated taxes to be paid by the Reporting Person in connection with the vesting of restricted stock units.
- 2. Includes 688 shares acquired under the Issuer's Employee Stock Purchase Plan on November 15, 2024.

/s/ Sean Ryder, Attorney-in-**Fact**

12/18/2024

** 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 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.