SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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>Powell Scott Brady</u>	2. Date of Event Requiring Statement (Month/Day/Year) -12/08/2021	3. Issuer Name and Ticker or Trading Symbol Integrated Wellness Acquisition Corp [WELU]							
 (Last)(First)(Middle)C/O INTEGRATED WELLNESSACQUISITION CORP148 N MAIN STREET(Street)		4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	Person(s) to 10% Owner Other (specify below)	 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
FLORIDA NY 10921 (City) (State) (Zip)			_						
Table I - Non-Derivative Securities Beneficially Owned									
E		2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					

(e.g			curities Beneficially options, convertible		es)		
1. Title of Derivative Security (Instr. 4)	2. Date Exer and Expirati (Month/Day/	on Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form:	Beneficial
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)

Explanation of Responses:

Remarks:

The reporting person has an indirect pecuniary interest in Class B ordinary shares of the registrant through membership interests in IWH Sponsor LP, over which the reporting person does not have voting or dispositive control.

No securities are beneficially owned.

Scott Powell	12/08/2021
** 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.