SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per 0.5 response:

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 [*] Wong KongYew	2. Date of E Requiring S (Month/Day)	tatement	3. Issuer Name and Ticker or Trading Symbol <u>EUDA Health Holdings Ltd</u> [EUDA]						
(Last) (First) (Middle) C/O EUDA HEALTH HOLDINGS LIMITED 1 PEMIMPIN DRIVE #12-07 (Street)	05/22/202	3	Officer (give Othe		Person(s) 10% O Other (below)	Filed (Month/Day/Year)		Year)	
SINGAPORE 576151							Х	Form filed to Person	by One Reporting
(City) (State) (Zip)								Reporting F	by More than One Person
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	Und	3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Conver or Exer		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivati Security	ve	or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

<u>/s/ KongYew Wong</u>

<u>06/08/2023</u>

** Signature of Reporting Person

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.

rting Date