

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

(Print or Type Responses)									
1. Name and Address of Reporting Person* SCHECHTER JONATHAN	2. Date of Event Requiring Statement (Month/Day/Year) 08/15/2022		3. Issuer Name and Ticker or Trading Symbol PharmaCyte Biotech, Inc. [PMCB]						
(Last) (First) (Middle) C/O PHARMACYTE BIOTECH, INC., 3960 HOWARD HUGHES PARKWAY, SUITE 500			XDirector Officer (give tit	all applicable) 10% Owne	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) LAS VEGAS, NV 89169				below)	below)	Applicable I _X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)	2. Amount of 8 Beneficially O (Instr. 4)		Owned	1	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock 50,000			,000		D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Title of Derivative Security (Instr. 4)	2. Date Exerciand Expiration (Month/Day/Year) Date Exercisable I	n Date	Securities Security (Instr. 4)	nd Amount of Underlying Derivative Bount or Number of Ires	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			TITLE			\ /			

Reporting Owners

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
SCHECHTER JONATHAN C/O PHARMACYTE BIOTECH, INC. 3960 HOWARD HUGHES PARKWAY, SUITE 500 LAS VEGAS, NV 89169	X				

Signatures

/s/ Jonathan L. Schechter	08/23/2022		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.