FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
hours per	0.5					

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

1. Name and Address of Reporting Person* Alvarez Ricardo J	2. Date of E Requiring S (Month/Day, 03/02/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol AquaBounty Technologies, Inc. [AQB]					
(Last) (First) (Middle) C/O AQUABOUNTY TECHNOLOGIES, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
2 MILL AND MAIN PLACE, SUITE 395 (Street)	,		Officer (give title below)		(specify	A Person Form filed	by One Reporting by More than One	
MAYNARD MA 01754	,					Reporting I	Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1				3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)	Form: D	Direct (
1. Title of Security (Instr. 4)		erivative	Beneficially Owned (Instr.	Form: E (D) or Ir (I) (Insti	Direct (ndirect r. 5)			
1. Title of Security (Instr. 4)		erivative s, warran	Seneficially Owned (Instr.) Securities Beneficia	Form: E (D) or Ir (I) (Insti	Direct (ndirect r. 5)	Ownership (Instr.		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Richard Alvarez

03/02/2021

** 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.