FORM 4	ŀ
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Pa

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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SEC 1474 (9-02)

STATEMENT OF CHANGES IN 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

	Name and Address of Reporting Person [*] utera Salvatore Thomas				or Tra NRX	ding Sym X]	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) 13215 BEE CAVE GALLERIA OAK	3. Date of Earliest Transaction (Month/Day/Year) 11/16-05:00/2021						X Officer (give title below) Other (specify below) CEO-Volition Veterinary				
AUSTIN, TX 787.	(Street) AUSTIN, TX 78738				al Fi	led(Month/E	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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				(Instr. 8)	tion	4. Securit (A) or Di (Instr. 3,	isposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		11/16- 05:00/2021		Р		10,000	А	\$ 4.02	10,000	D	
Common Stock									7,000	D (1)	
Common Stock									150,000 (2)	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 Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivativ	e Conversion	Date	Execution Date, if	Transacti	ion	Numł	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		of		(Month/Day	/Year)	Unde	rlying	Security			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	· · · ·		Securities (In		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) 01							Reported	or Indirect	
						Disposed							Transaction(s)	< / <	
						of (D							(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
						4, and	and 5)								
											Amount				
								Data	Emination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Butera Salvatore Thomas 13215 BEE CAVE PARKWAY SUITE 125, GALLERIA OAKS B AUSTIN, TX 78738			CEO-Volition Veterinary					

Signatures

/s/ Salvatore Thomas Butera

11/18-05:00/2021

Date

Explanation of Responses:

- * 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).
- (1) These shares of Common Stock are jointly owned by Dr. Butera and his spouse.
- (2) These restricted stock units are subject to a 3-year vesting schedule, vesting as to 50,000 units on each of 05/01/22, 05/01/23 and 05/01/24, respectively. Upon vesting and settlement, Dr. Butera will receive a number of shares of common stock equal to the number of restricted stock units that have vested.

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.