SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

## OMB APPROVAL

3235-0104

0.5

Estimated average burden

## hours per response:

OMB Number:

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 A Samuelso	orting Person <sup>*</sup>	2. Date of Event Requiring Statement (Month/Day/Year) 09/16/2024 3. Issuer Name <b>and</b> Ticker or Trading Symbol Kairos Pharma, LTD. [KAPA]								
	(First) OS PHARMA WOOD BLV CA (State)	1			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below) Chief Financia	10% C Other below)	) wner (specify	File 6. II	d (Month/Day/ ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
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					58,296	I	D			
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I I I I I I I I I I I I I I I I I I		Date Exercisable	Expiratior Date	Title	Amount or Number of Shares		ve	or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

## /s/ Doug Samuelson

\*\* Signature of Reporting Person

Date

09/24/2024

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.