FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APP | ROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
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| hours per response: 0.5 | | | | | | | | |

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* <u>Life Science Biosensor Diagnostics Pty</u> <u>Ltd</u> | | | | Issuer Name and Ticker or Trading Symbol GBS Inc. [GBS] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app | tor er (give title | ng Pei X | 10% O | | | |
|---|--|--|---------|---|---|--|--|--|---|---|--------------------|--------------|--|---|--|--|---|--------|------------|--|
| (Last) | (Fir | , | Middle) | | 11/29/2021 | | | | | | | | | | BCIOV | •) | | below) | | |
| LEVEL 9, 85 CASTLEREAGH ST | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| SYDNE | Y C3 | 2 | 000 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) c (D) | Price | • | Transa | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Common Stock 11/29/20 | | | | | :021 | | | | S | | 100,000 | D | \$1.6 | 3,20 | | 207,832 | | D | | |
| | | Tal | ble II | | | | | | , | | osed of, convertib | | | • | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | _ | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

/s/ George Syrmalis

12/01/2021

** 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 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).

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.