FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	ROVAL										
OMB Number:	3235-0287										
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Washington Matthews League In the Company of the Com						2. Issuer Name and Ticker or Trading Symbol CORETEC GROUP INC. [CRTG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Kappers Matthew Joseph</u>						Sometiment of the control of the con							1	Direc	tor	10	% Ov	vner		
														1	Office	er (give title		her (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024										Chief Executive Officer				
C/O THE CORETEC GROUP INC.						00/21/2027							Cinci Executive Officer							
333 JACKSON PLAZA																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	DOD 1	rr .	10103											∠iiie)	·					
ANN ARBOR, MI 48103														Form filed by More than One Reporting						
														Person						
(City)	(5	tate) (Zip)																	
		Table	1 - N	Ion-Deriva	tive S	Secui	rities	Acc	quire	d, D	isposed of	, or E	Benef	icially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					/ear) i	Execution Date		, [Transaction Dispose Code (Instr.			es Acquired (A) o Of (D) (Instr. 3, 4 a		and 5) See Bei Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Pri	се		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 08/21/202						24 08/20/2024		1	P		3,750,000(1) A	\$0	\$ 0.01 ⁽¹⁾ 12,3		97,194(2)	D			
		Та	ble I								posed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date irity or Exercise (Month/Day/Yea			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficia Ownershi (Instr. 4)	
		es:			Code	v	(A)	(D)	Date Exercisab		Expiration e Date	Title	Amou or Numb of Share	er						

- 1. The shares of common stock were acquired in lieu of cash payment for accrued liabilities owed to the Reporting Person totaling \$37,500.
- 2. Does not include any shares that may be acquired by the reporting person pursuant to the exercise of options as previously reported.

Remarks:

Mr. Kappers resigned as the CEO of the Company and as a member of the board of directors, effective August 20, 2024.

09/09/2024 /s/ Matthew J. Kappers

** Signature of Reporting Person

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.