FORM 3

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

### OMB APPROVAL

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# 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

Cotzol David			2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2024	3. Issuer Name and Ticker or Trading Symbol Versus Systems Inc. [ VS, VSSYW ]				
(Last)	.ast) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O VERSUS SYSTEMS INC. 1558 WEST HASTINGS STREET  (Street)				X	Director Officer (give title below)	10% Owner Other (specify below)	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)	V6G3J4 (Zip)						

### Table I - Non-Derivative Securities Beneficially Owned

Indirect (I) (Instr. 5)		1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: Direct (D) or	l '
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# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Un Derivative Security (Instr. 4)	or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ David Catzel

02/28/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.