FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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>Bui Hillary Hui-Chong</u>			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/20/2023 3. Issuer Name and Ticker or Trading Symbol Hour Loop, Inc [HOUR]							
(Last) C/O HOUR 8201 164TH (Street) REDMOND (City)	AVE NE #2		,		Issue	ck all applicable)	10% C	wner (specify	File 6. Iı	ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ount of Securities icially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expirati		Expiration D	Date Exercisable and piration Date onth/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Conve		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	ı Title	e	Amount or Derivati Security Number of Shares		ive	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Hillary Bui

04/13/2023

** Signature of Reporting

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 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.