FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

1. Name and Address of Reporting Person* Ratan Rahul Ray		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 01/06/2022 3. Issuer Name and Ticker or Trading Symbol Hour Loop, Inc [HOUR]						
(Last) (First) C/O HOUR LOOP, INC.,	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, d (Month/Day/	Date of Original Year)
8201 164TH AVE NE #200				Director X Officer (give title below)	below)	(specify	(Ch	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting	
(Street) REDMOND WA	98052-7615			Chief Financial	Officer			Person	by More than One Person
(City) (State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			1						
1. Title of Security (Instr. 4)			Į į	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect		ature of Indire ership (Instr. !	
Title of Security (Instr. 4) Common Stock			Į į	Beneficially Owned (Instr.	Form: [(D) or li	Direct ndirect r. 5)			
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Explanation of Responses:

/s/ Rahul Ray Ratan

01/18/2022

** 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.