FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## 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 Add Branch Dou	2. Date of Event Requiring Statement (Month/Day/Year) 01/06/2022  3. Issuer Name and Ticker or Trading Symbol Hour Loop, Inc [ HOUR ]										
C/O HOUR L 8201 164TH A (Street) REDMOND V	AVE NE #20	(Middle) 00 98052-7615 (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	wner (specify	File 6. II	ndividual or Joeck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						1,750	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			curity Convers		5. Ownership Form:	Ownership (Instr.
I s		Date	Expiration Date	Title		Amount or Number of	or Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

/s/ Douglas Ian Branch

01/21/2022

\*\* 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.