SEC Form 3 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 Ad Widdows	rting Person [*]	Requiring (Month/Da	2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol 11/28/2023 Incannex Healthcare Inc. [IXHL]								
(Last) (First) (Middle) 105 / 8 CENTURY CIRCUIT					4. Relationship of Reporting Issuer (Check all applicable) X Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) NORWEST, NEW SOUTH WALES	C3	2153	-		Officer (give title below)	Other (Other (specify below)		6. 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)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	Form: D (D) or In			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					170,847	E	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
E			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of			6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	5)		
Stock Option (right to buy)		11/28/2023	04/30/2026	Common Stock, par value \$0.0001	11,050	16.44		D			

Explanation of Responses:

/s/ Peter Widdows

** Signature of Reporting Person

12/06/2023

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.