

# **EARTH SCIENCE TECH, INC.**

**Reported by**  
**SANCHEZ YOVAN ARTURO**

## **FORM 4** (Statement of Changes in Beneficial Ownership)

**Filed 04/26/24 for the Period Ending 04/24/24**

Address    8950 SW 74TH CT  
              SUITE 101  
              MIAMI, FL, 33156

Telephone    (786) 375-7281

CIK    0001538495

Symbol    ETST

SIC Code    2834 - Pharmaceutical Preparations

Industry    Pharmaceuticals

Sector    Healthcare

Fiscal Year    03/31

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See Instruction 1(b).*

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). *See Instruction 10.*

OMB APPROVAL  
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### STATEMENT OF CHANGES IN 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 <sup>*</sup>			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
<b>Sanchez Yovan Arturo</b> (Last) (First) (Middle) <b>401 DE SOTO DRIVE</b> (Street) <b>MIAMI SPRINGS,, FL 33166</b> (City) (State) (Zip)			<b>Earth Science Tech, Inc. [ ETST ]</b> 3. Date of Earliest Transaction (MM/DD/YYYY) <b>4/24/2024</b> 4. If Amendment, Date Original Filed (MM/DD/YYYY)					<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)		
								<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price				
Yovan A. Sanchez	4/24/2024		P		88,605	A	\$0.059		738,605	D	
Yovan A. Sanchez	4/25/2024		P		3,925	A	\$0.059		742,530	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title

#### Explanation of Responses:

#### Remarks:

All purchases were made on the open market.

#### Reporting Owners

Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
<b>Sanchez Yovan Arturo</b> <b>401 DE SOTO DRIVE</b> <b>MIAMI SPRINGS,, FL 33166</b>	X			

#### Signatures

/s/ Yovan A. Sanchez

4/26/2024

Signature of Reporting Person

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 4(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 control number.