

**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

(Print or Type Responses)

1. Name and Address of Reporting Person* <b>ROBERTS BRIAN KENNETH</b>  (Last) (First) (Middle) <b>C/O REZOLUTE, INC., 201 REDWOOD SHORES PARKWAY, SUITE 315</b>  (Street)  <b>REDWOOD CITY, CA 94065</b>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <b>10/23/2020</b>	3. Issuer Name and Ticker or Trading Symbol <b>Rezolute, Inc. [RZLT]</b>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Sr VP, Clinic Development</b>		5. If Amendment, Date Original Filed (Month/Day/Year) <b>10/30/2020</b>
		6. Individual or Joint/Group Filing (Check Applicable Line) <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 Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	---	--	---

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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.**

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

1. Title of Derivative Security (Instr. 4)	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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (Right to Buy)	(1)	03/25/2021	Common Shares	3,400	\$ 156	D	
Employee Stock Option (Right to Buy)	(2)	04/12/2027	Common Shares	9,000	\$ 52.5	D	
Employee Stock Option (Right to Buy)	(3)	07/30/2029	Common Shares	40,000	\$ 14.5	D	
Employee Stock Option (Right to Buy)	(4)	07/30/2029	Common Shares	20,000	\$ 14.5	D	

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ROBERTS BRIAN KENNETH C/O REZOLUTE, INC. 201 REDWOOD SHORES PARKWAY, SUITE 315 REDWOOD CITY, CA 94065			Sr VP, Clinic Development	

**Signatures**

/s/ Brian Kenneth Roberts		11/04/2020
<small>*Signature of Reporting Person</small>		<small>Date</small>

**Explanation of Responses:**

\* 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).

- (1) The options were granted on March 26, 2014, and were fully vested on March 26, 2018.
- (2) The options were granted on April 13, 2017, and vest in equal monthly installments over 48 months.
- (3) The options were granted on July 31, 2019, and vest as follows: 25% of the options vested on July 31, 2019; the remaining options vest in equal monthly installments over 36 months.
- (4) The options are subject to certain conditions, including the closing stock price of the Issuer's common shares. Subject to meeting share price criteria, the options shall vest in equal monthly installments over a period of 36 months.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.