FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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

Conlay Poter I		Date of Event Retement (Month) 20/2022		3. Issuer Name and Ticker or Trading Symbol KNOW LABS, INC. [KNWN]							
(Last)	(First)	(Middle)				Relationship of Reporting Person(s) t (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
500 UNION STREET SUITE 810 (Street)				Director X Officer (give title below) Chief Financial C		10% Owner Other (specif below) Officer	y App	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
SEATTLE (City)	WA (State)	98101 (Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						lly Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securities Under Derivative Security (Instr. 4)			4. Conversion or Exercise	e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			
Option to Purchase Common Stock		(1)	05/20/2027		Common Stock	1,000,000	1.48	D			

Explanation of Responses:

1. Options vest quarterly over four years. No vesting during first 6 months.

<u>/s/ Peter J. Conley</u> <u>05/31/2022</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).