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

1. Name and Address of Reporting Person * Price John C			2. Date of Event Requiring Statement (Month/Day/Year) 11/27/2023	l	r Name <b>and</b> Ticker or Tradin Octopus Group, Inc	ÿ ,			
(Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
3300 S HIAWASSEE RD,				Director	10% Owner	6. Individual or Joint/Group Filing (Check			
SUITE 104-105			X	X Officer (give title below)	Other (specify below)	Applicable Line)  X Form filed by One Reporting Person			
			Chief Financial Officer.		Form filed by More than One Reporting				
(Street)								Person	
ORLANDO	FL	32835							
(City)	(State)	(Zip)							

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ` '	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	,	
Common Stock	0(1)	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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	4. 5. Conversion or Exercise (D	Form: Direct	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)		

### Explanation of Responses:

 $1.\ Does\ not\ include\ 8{,}130\ shares\ to\ be\ issued\ in\ three\ equal\ annual\ installments\ commencing\ February\ 27{,}\ 2024.$ 

<u>/s/ John Price</u> <u>11/29/2023</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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).