SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* <u>Mehta Kishan</u>	2. Date of Event Requiring Statement (Month/Day/Ye 06/26/2024		3. Issuer Name and Ticker or Trading Symbol <u>Benitec Biopharma Inc.</u> [BNTC]					
(Last) (First) (Middle) C/O BENITEC BIOPHARMA INC.		(Che	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
3940 TRUST WAY		X	Director Officer (give title below)	10% Owner Other (speci below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)	-					X Form filed by	One Reporting Person	
HAYWARD CA 94545	_					Form filed by Person	/ More than One Reporting	
(City) (State) (Zip)								
	Table I - Non-De	rivative	Securities Beneficially	v Owned				
			ount of Securities icially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable Expiration Date (Month/Day/Year)		Title and Amount of Securitie rivative Security (Instr. 4)	s Underlying	4. Conversio or Exercis	e (D) or		
Explanation of Responses:	Date Expi Exercisable Date	ation Tit	le	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

No securities are beneficially owned.

/s/ Kishan Mehta

** Signature of Reporting Person

07/08/2024

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.