FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

## 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

CHIMAN IEEEDEV C		2. Date of Event Requiring Statement (Month/Day/Year) 07/08/2024	3. Issuer Name and Ticker or Trading Symbol Sidus Space Inc. [ SIDU ]						
(Last) (First) (Middle) C/O SIDUS SPACE, INC. 150 N. SYKES CREEK PARKWAY, SUITE 200 (Street)			Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)				
			X	Director Officer (give title below)	10% Owner Other (specify below)		vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person Form filed by More than One Reporting Person	g	
MERRITT ISLAND	FL	32953							
(Street) MERRITT					10	` '	Applica X	Form filed by One Reporti	-

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	<i>'</i>
		Indirect (I) (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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	nderlying	or Exercise	Form: Direct Be (In:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	rivative (Instr. 5)	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Jeffrey Shuman

07/11/2024

\*\* 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.

 $<sup>^{\</sup>star}$  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).