FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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

Name and Address of Reporting Person* Donfeld Joshua Jay		2. Date of Event Restatement (Month/l		3. Issuer Name and Ticker or Trading Symbol ASP Isotopes Inc. [ASPI]							
(Last) 433 PLAZA RE (Street) BOCA RATON, (City)	(First) AL, SUITE 275 FL (State)	(Middle) 33432 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below)	s) to Issuer 10% Owner Other (speci below)		Applicable Line) $old X$ Form filed b	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)							(D) or 5)	Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						800,000	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 U Derivative Security (Instr. 4)		Conve or Exe		ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivativ Security	Indirect (I) (Instr. 5)		
Employee Stock	Option (right to	buy)	(1)	04/04/2032	:	Common Stock	96,000	2	D		

Explanation of Responses:

1. Subject to the Reporting Person's continued service to the Issuer, the option becomes exercisable in a single installment 12 months after the grant date. The option was granted on April 4, 2022.

<u>/s/ Joshua J. Donfeld</u> <u>11/14/2022</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).