FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ON	ИΒ	ΑI	ЭÞ	RC	۱/(ΑI

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* Ainscow Donald George		2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2025	3. Issuer Name and Ticker or Trading Symbol ASP Isotopes Inc. [ASPI]					
(Last) (First) (Middle) C/O ASP ISOTOPES INC. 601 PENNSYLVANIA AVENUE NW, STE 900			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
			X	Officer (give title below) EVP, Gen Counsel,	10% Owner Other (specify below) Secretary	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting		
(Street) WASHINGTO	N, DC	20004					Person	
(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)	l '
Common Stock, par value \$0.01 per share	100,000(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 Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (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)	

Explanation of Responses:

1. Shares purchased for cash in private placement prior to issuer's IPO.

Remarks:

/s/ Donald Ainscow

** Signature of Reporting Person

11/28/2025

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).