FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Pruitt Michael D	2. Date of E Requiring S (Month/Day, 10/31/202	tatement /Year)	3. Issuer Name and Ticker IMAC Holdings, In		,			
(Last) (First) (Middle) C/O IMAC HOLDINGS, INC.			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
1605 WESTGATE CIRCLE			X Director Officer (give title below)	10% C Other below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting		
(Street) BRENTWOOD TN 37027	_						Person	by More than One Person
(City) (State) (Zip)								
Ta	able I - Non	-Derivativ	ve Securities Benefic	cially O	wned			
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	Form: [(D) or li	Direct ndirect			
1. Title of Security (Instr. 4) Common Stock		B	Beneficially Owned (Instr.	Form: [(D) or li	Direct ndirect r. 5)			
Common Stock		erivative	Beneficially Owned (Instr. l)	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Owne		
Common Stock		erivative s, warran	Seneficially Owned (Instr. 1) 500 Securities Beneficia	Form: E (D) or II (I) (Insti	Direct ndirect r. 5)	Sion		

Explanation of Responses:

/s/ Michael D. Pruitt

11/04/2020

** Signature of Reporting Person 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.