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

1. Name and Address of Reporting Person* Benovitz Debra	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/30/2021 3. Issuer Name and Ticker or Trading Symbol CHW Acquisition Corp [CHWA]					
(Last) (First) (Middle) C/O CHW ACQUISITION CORPORATION			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
2 MANHATTANVILLE ROAD SUITE 403			Officer (give title below)	Other (specify below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) PURCHASE NY 10577	,					Form filed Reporting I	by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
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 of		
		erivative	Beneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)		
		erivative s, warran	Beneficially Owned (Instr. I) Securities Beneficia	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Ownership (Instr.	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Debra Benovitz</u> <u>08/30/2021</u>

** 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.