SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] Raskas Jonah	2. Date of E Requiring S (Month/Day 08/30/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>CHW Acquisition Corp</u> [CHWA]				
 (Last) (First) (Middle) C/O CHW ACQUISITION CORPORATION 2 MANHATTANVILLE ROAD SUITE 403 			4. Relationship of Reportin Issuer (Check all applicable) X Director X Officer (give title below) Co-Chief Execut	10% C Other below)	owner (specify	5. If Amendment, Filed (Month/Day, 6. Individual or Jo (Check Applicable X Form filed Person	/Year) int/Group Filing
(Street) PURCHASE NY 10577 (City) (State) (Zip)						Form filed Reporting	by More than One Person
Та	ble I - Non	-Derivati	ve Securities Benefi	cially O	wned		
1. Title of Security (Instr. 4)		i	2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Securities Beneficiants, options, convert				
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security		5)

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Jonah Raskas</u>

08/30/2021 Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.