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

1. Name and Address of Reporting Person*  Norman Paul T	Requiring St (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			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner		,	5. If Amendment, Date of Original Filed (Month/Day/Year)	
2 MANHATTANVILLE ROAD SUITE 403			X Officer (give title below)  Presiden	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person	
(Street) PURCHASE NY 10577						Form filed Reporting	by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
			4)	(D) or li	ndirect		,
		erivative		(D) or li (I) (Inst	ndirect r. 5)		
		erivative s, warrar isable and	Securities Beneficia	(D) or II (I) (Insti- ally Owr ible sec	ndirect r. 5)		6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Paul Norman</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.

- $^{\star}$  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).

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.