FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OI | MR | AP | PR | O | /Α |
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| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
| hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| issuer that is in | le of equity securities of tended to satisfy the ense conditions of Rule Instruction 10. | the | | |
|-------------------------------------|---|---|---|---|
| 1. Name and Add <u>Hawkins M</u> | ress of Reporting Persichael W | son * | 2. Issuer Name and Ticker or Trading Symbol Everything Blockchain, Inc. [EBZT] | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner |
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | Officer (give title Other (specify below) below) | |
| 3027 US HIGHWAY 17 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person |
| (Street) FLEMING ISLAND | FL | 32003 | | Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Ac Disposed Of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
|---------------------------------|--|---|--------------------------|---|-------------------------------------|---------------|-------|--|---|---------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Series A Preferred Stock | 12/31/2024 | | J | | 150,000 | D | \$100 | 0 | I | See Note 1 ⁽¹⁾ | |
| Common Stock | 12/31/2024 | | J | | 2,059,078 | D | \$250 | 357,500 | I | See Note 1 ⁽¹⁾ | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|--|---|---|-----------------------------------|---|--|-----|--|--------------------|--|-------------------------------------|--------------------------------------|------------------------------|----------------------------------|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

1. Shares sold by Epic Industry Corp. Epic Industry Corp is 100% owned by Michael Hawkins

Remarks:

/s/ Michael Hawkins

** Signature of Reporting Person

01/03/2025

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 4 (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.