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* Bespalko David William	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/04/2021 3. Issuer Name and Ticker or Trading Symbol CHEMBIO DIAGNOSTICS, INC. [CEMI]							
(Last) (First) (Middle) C/O CHEMBIO DIAGNOSTICS, INC. 555 WIRELESS BOULEVARD (Street) HAUPPAUGE NY 11788 (City) (State) (Zip)	=		Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	owner (specify	File 6. Ir	ndividual or Joi eck Applicable Form filed b	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
, ,				unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		curity Convers		ise Form:	Ownership Form:	Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

s/ Mark L. Johnson asAttorney-in-Fact for David 03/08/2021William Bespalko

** 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.