

OMB APPROVAL	
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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* <u>ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI</u> (Last) (First) (Middle) 1 GUSTAVE L. LEVY PLACE (Street) NEW YORK NY 10029 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2023	3. Issuer Name and Ticker or Trading Symbol <u>Renalytix plc [RNLX]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Ordinary Shares	9,956,874	D ⁽¹⁾⁽²⁾	
American Depositary Shares	2,331,239 ⁽³⁾	D ⁽²⁾⁽⁴⁾	

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 Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Stock Options (Right to Buy)	(5)	11/01/2028	Ordinary Shares 204,501	1.54 ⁽⁶⁾	D ⁽¹⁾	

1. Name and Address of Reporting Person* <u>ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI</u> (Last) (First) (Middle) 1 GUSTAVE L. LEVY PLACE (Street) NEW YORK NY 10029 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>MOUNT SINAI HOSPITAL</u> (Last) (First) (Middle) 1 GUSTAVE L. LEVY PLACE (Street) NEW YORK NY 10029		
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