FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	
vasilliytoii,	D.C.	20343	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL				
OMB Number:	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*     Scrabis Suzanne A.				2. Issuer Name and Ticker or Trading Symbol XWELL, Inc. [ XWEL ]								5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own							
(Last)	(F ELL, INC.	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/10/2023							]	below)	give title	Other (s below) Officer	specify		
254 WEST 31ST STREET, 11TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW Y	ORK N	Υ	10001													iled by Moi		orting Person	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
									defense cor							on or writter	ı pıan ı	tnat is intend	ea to
		Tab	le I - No	n-Deriv	<i>r</i> ative	Se	curities	Ac	quired, [	Disp	osed c	of, or E	3ene	eficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic Owned	es Fo ially (D) Following (I)		orm: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	nount (A) or (D)		Price		orted saction(s) r. 3 and 4)			(Instr. 4)
Common Stock 07/10/			0/2023				A <sup>(1)</sup>		100,0	00	A	\$0	\$0 100,000			D			
		Т							uired, Di s, options						Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N Of	umber					
Employee stock option (right to buy)	\$0.23	07/10/2023			A		75,000		(2)	07	7/10/2033	Commo Stock		5,000	\$0	75,000	0	D	

## **Explanation of Responses:**

- 1. 100,000 Restricted Stock Units ("RSUs") to vest in four quarterly installments of 25.0%, such that the 25.0% of such RSUs will vest on the first, second, third and fourth quarters after the Grant Date (i.e., 9/30/23, 12/31/23, 3/31/24 and 6/30/24), subject to Ms. Scrabis' continuous service with the Company through such dates.
- 2. 75,000 Non-Qualified Stock Options (the "Options") which shall vest in four quarterly installments of 25.0%, such that the 25.0% of such Options will vest on the first, second, third and fourth quarters after the Grant Date (i.e., 9/30/23, 12/31/23, 3/31/24 and 6/30/24), subject to Ms. Scrabis' continuous service with the Company through such dates.

/s/ Cara Soffer, Attorney-in-Fact for Suzanne A. Scrabis

07/12/2023

\*\* Signature of Reporting Person

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.