FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPI	ROVAL
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).

STATEMENT OF CHANGES IN 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 * Foster Jonathan P.			2. Issuer Name and Ticker or Trading Symbol Volcon, Inc. [VLCN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner						
(Last) (First) (Middle) C/O VOLCON, INC., 3121 EAGLES NEST, SUITE 120			3. Date of Earliest Transaction (Month/Day/Year) 07/26/2022						Officer (give t	itle below)	Other	specify below	7)		
(Street) ROUND ROCK, TX 78665			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group Filing/Cheek Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					s Acquired,	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Execution Date, if any (Month/Day/Year)		(A c. 8) (I	Securities Acqu A) or Disposed o nstr. 3, 4 and 5) (A) or (D)	f (D) Own Tran	5. Amount of Securities Ben Owned Following Reported Transaction(s) (Instr. 3 and 4)		C F D o	Ownership	Beneficial Ownership				
Reminder:	Report on a s	separate line for each	h class of securities b	eneficia	lly own	ned direct	tly o		who respond	I to the col	lection of	informatio	n contained	SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative So	Securities	s Acc	Persons in this f a currer	orm are not re atly valid OMB sed of, or Benef	equired to rescriptions control nuticially Own	espond ur ımber.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction	Table I	I - Deriv (e.g.,) 4. Transac Code	vative So puts, ca 5.1 tion De Sec or (D (In	Securities alls, war Number erivative ecurities cquired (s Accerant	Persons in this f a currer quired, Dispo s, options, cor 6. Date Exert Expiration D (Month/Day/	orm are not really valid OMB sed of, or Beneficerible securions seable and ate	equired to rescriptions control nuticially Own	espond ur umber. ed Amount	8. Price of		10. Owners! Form of Derivati Security Direct (l or Indire	11. Nation of Indir Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I. 3A. Deemed Execution Date, if any	I - Deriv (e.g.,) 4. Transac Code	vative So puts, ca 5.1 tion De Sec or (D (In	Securities alls, war Number erivative ecurities cquired (Dispose D) nstr. 3, 4.	s Accerant	Persons in this f a currer quired, Dispo s, options, cor 6. Date Exert Expiration D (Month/Day/	orm are not really valid OMB sed of, or Beneficerible securions seable and ate	ricially Own ties) 7. Title and of Underly: Securities	espond ur umber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Owners! Form of Derivati Security Direct (l or Indire	11. Nation of Indirection Benefic Owners: (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Foster Jonathan P. C/O VOLCON, INC. 3121 EAGLES NEST, SUITE 120 ROUND ROCK, TX 78665	X				

Signatures

/s/ Jonathan Foster	08/12/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.