FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPR	OVAL			
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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* SANG LIU KWONG	2. Date of Eve Requiring Stat (Month/Day/Ye 08/01/2022	tement 'ear)	3. Issuer Name and Ticker or Trading Symbol ATIF Holdings Ltd [ATIF]					
(Last) (First) (Middle) C/O ATIF HOLDINGS LIMITED 25391 COMMERCENTRE DR., STE	Issuer (Check		(Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
200			Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) LAKE FOREST CA 92630							by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
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1. Title of Security (Instr. 4)	bie i - Noii-L	2	. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or Ir (I) (Inst	Direct (4. Nature of Indire Ownership (Instr.		
1. Title of Security (Instr. 4)	Table II - Dei	2 B 4	. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: D (D) or Ir (I) (Insti	Direct (ndirect r. 5)			
1. Title of Security (Instr. 4)	Table II - Dei	rivative , warran	. Amount of Securities Beneficially Owned (Instr.) Securities Beneficia	3. Owner Form: [(D) or Ir (I) (Instructional State Securities	Direct (ndirect r. 5)	5. ion Ownership		

Explanation of Responses:

No securities are beneficially owned.

/s/ Kwong Sang Liu 08/01/2022

** 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 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.