FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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*  Ng Eng Ho		2. Date of E Requiring S (Month/Day 12/11/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol FingerMotion, Inc. [ FNGR ]						
(Last) (First) 159 JALAN KAMPO (Street) SINGAPORE U0 (City) (State)	(Middle) ONG CHANTEK 587887 (Zip)	_		4. Relationship of Reporting Flssuer (Check all applicable)  X Director Officer (give title below)		Fi Owner 6. (Specify	5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
	Ta	ıble I - Non	-Derivativ	ve Securities Benefi	cially O	wned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: I (D) or II (I) (Inst	Direct Owndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
E		2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)		4. Conversion or Exercise	Form:	Ownership (Instr.		
	[				Amount or Number	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Eng Ho Ng

02/09/2021

\*\* Signature of Reporting

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.