

## GREENPRO CAPITAL CORP.

# Reported by GLENDENING BRENT LEWIS

#### FORM 3

(Initial Statement of Beneficial Ownership)

### Filed 10/09/19 for the Period Ending 10/01/19

Telephone 852-3111-7718

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SIC Code 7374 - Services-Computer Processing and Data Preparation

Industry Investment Management & Fund Operators

Sector Financials

Fiscal Year 12/31





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

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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 *  Calculate the Statement (MM)  Calculate the Statement (MM)  10/1/1 |                                    |   | D/YYY                                   | Y)   | 3. Issuer Name and Ticker or Trading Symbol  Greenpro Capital Corp. [GRNQ]  |   |   |  |  |
|---|------------------------------------|---|---|--|---|---|---|--|--|
| (Last) (First) (Middle)   | 4. Relat                           | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |   |   |   |  |  |
| 1701-3,17F, THE METROPOL<br>TOWER,, 10 METROPOLIS<br>DRIVE, HUNG HOM  | OWER,, 10 METROPOLIS Officer (give |   | 10% Owner tle below) Other (specify bel |  | low)  |   |   |  |  |
| (Street) HONG KONG, K3 0000 (City) (State) (Zip)  | Origina                            | nendment, E<br>I Filed(MM/E   |   | Y) _X_ Form filed by O   | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person |   |   |  |  |
|   | Tabl                               | e I - Non-D   | Perivat                                 | ive Securities Benefic   | ally Owned  |   |   |  |  |
| (Instr. 4)  |                                    |   | Beneficially Owned<br>(Instr. 4)        |  | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |  |  |
| Table II - Deriva   | ntive Securities                   | Beneficiall   | y Own                                   | ed (e.g., puts, calls, wa  | arrants, options  | , convertible sect                                    | urities)  |  |  |
| 1. Title of Derivate Security (Instr. 4)  |                                    | Date Exercisable<br>d Expiration Date<br>M/DD/YYYY)                     |   | le and Amount of<br>rities Underlying<br>rative Security<br>. 4) | or Exercise<br>Price of<br>Derivative   | 5. Ownership<br>Form of<br>Derivative<br>Security:    | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |
|   | Date<br>Exercisable                | •   | Title                                   | Amount or Number of<br>Shares                                    | Security  | Direct (D) or<br>Indirect (I)<br>(Instr. 5)           |   |  |  |

#### **Explanation of Responses:**

No securities are beneficially owned.

#### **Reporting Owners**

| Reporting Owner Name / Address   |   | Relationships |         |       |  |  |
|--|---|---------------|---------|-------|--|--|
|  |   | 10% Owner     | Officer | Other |  |  |
| Glendening Brent Lewis<br>1701-3,17F, THE METROPOLIS TOWER,<br>10 METROPOLIS DRIVE, HUNG HOM<br>HONG KONG, K3 0000 | X |               |         |       |  |  |

#### **Signatures**

| /s/ Glendening Brent Lewis      | 10/9/2019 |  |  |
|---------------------------------|-----------|--|--|
| **Signature of Reporting Person | 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 control number.