

**FORM 3**

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

**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

| OMB APPROVAL                                 |           |
|----------------------------------------------|-----------|
| OMB Number:                                  | 3235-0104 |
| Estimated average burden hours per response: | 0.5       |

|                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                          |  |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|
| <b>1. Name and Address of Reporting Person*</b><br><u>Galimi Francesco</u><br><hr/> (Last) (First) (Middle)<br><u>12930 VIA ESPERIA</u><br><hr/> (Street)<br><u>DEL MAR, CA 92014</u><br><hr/> (City) (State) (Zip) | <b>2. Date of Event Requiring Statement (Month/Day/Year)</b><br><u>03/18/2026</u> | <b>3. Issuer Name and Ticker or Trading Symbol</b><br><u>Genenta Science S.p.A. [ GNTA ]</u>                                                                                                                                                                             |  |                                                                 |
|                                                                                                                                                                                                                     |                                                                                   | <b>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</b><br><input checked="" type="checkbox"/> Director 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) Other (specify below)<br><u>CMO &amp; Head of Development</u> |  | <b>5. If Amendment, Date of Original Filed (Month/Day/Year)</b> |
|                                                                                                                                                                                                                     |                                                                                   | <b>6. Individual or Joint/Group Filing (Check Applicable Line)</b><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                    |  |                                                                 |
|                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                          |  |                                                                 |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4)                    | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Ordinary Shares                                    | 0                                                     | D                                                        |                                                       |
| American Depositary Shares ("ADSs") <sup>(1)</sup> | 0                                                     | D                                                        |                                                       |

**Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--------------------------------------------|----------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                            | Date Exercisable                                         | Expiration Date | Title                                                                       | Amount or Number of Shares |                                                        |                                                          |                                                       |
| Stock Option (right to buy)                | 06/04/2025 <sup>(2)</sup>                                | 06/04/2035      | ADSs                                                                        | 20,000                     | 4.36                                                   | D                                                        |                                                       |
| Stock Option (right to buy)                | 11/01/2025 <sup>(3)</sup>                                | 11/01/2035      | ADSs                                                                        | 27,110                     | 2.57                                                   | D                                                        |                                                       |

**Explanation of Responses:**

- Each American Depositary Share represents one ordinary share, no par value, of the Issuer.
- The stock options vest in equal monthly installments over one year beginning June 4, 2025.
- The stock options vested in three equal monthly installments beginning November 1, 2025, and are now fully vested.

/s/ Francesco Galimi

03/18/2026

\*\* 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 Number.**