

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
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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* <u>VEDANTA PARTNERS, LLC</u> _____ (Last) (First) (Middle) C/O VEDANTA MANAGEMENT LP 250 WEST 55TH STREET, SUITE 13D _____ (Street) NEW YORK NY 10019 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/01/2021	3. Issuer Name and Ticker or Trading Symbol <u>REVIVA PHARMACEUTICALS HOLDINGS, INC. [RVPH]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" 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)
Common Stock	99,539	I	See Footnote ⁽¹⁾

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			

1. Name and Address of Reporting Person*
VEDANTA PARTNERS, LLC

 (Last) (First) (Middle)
 C/O VEDANTA MANAGEMENT LP
 250 WEST 55TH STREET, SUITE 13D

 (Street)
 NEW YORK NY 10019

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Vedanta Associates-R, LP

 (Last) (First) (Middle)
 C/O VEDANTA MANAGEMENT LP
 250 WEST 55TH STREET, SUITE 13D

 (Street)
 NEW YORK NY 10019

 (City) (State) (Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>VEDANTA ASSOCIATES, L.P.</u>		
(Last)	(First)	(Middle)
C/O VEDANTA MANAGEMENT LP		
250 WEST 55TH STREET, SUITE 13D		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>BETA OPERATORS FUND, L.P.</u>		
(Last)	(First)	(Middle)
C/O VEDANTA MANAGEMENT LP		
250 WEST 55TH STREET, SUITE 13D		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)

Explanation of Responses:

1. Held directly by Vedanta Associates, L.P. ("Vedanta Associates"). Vedanta Partners, LLC ("Vedanta Partners") is the general partner of Vedanta Associates, and Parag Saxena is the majority member of Vedanta Partners. Each of Vedanta Partners and Mr. Saxena disclaim beneficial ownership of the securities reported herein, except to the extent of any pecuniary interest therein.

/s/ Parag Saxena - for
Vedanta Partners, LLC, by 06/03/2021
Parag Saxena, its CEO

/s/ Parag Saxena - for
Vedanta Associates-R, LP,
by Vedanta Partners, LLC, 06/03/2021
its general partner, by
Parag Saxena, its CEO

/s/ Parag Saxena - for
Vedanta Associates, LP, by
Vedanta Partners, LLC, its 06/03/2021
general partner, by Parag
Saxena, its CEO

/s/ Parag Saxena - for Beta
Operators Fund, L.P., by
Vedanta Associates, LP, its
general partner, by 06/03/2021
Vedanta Partners, LLC, its
general partner, by Parag
Saxena, its CEO

** 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.