FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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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

I	Address of Rep FABRIZIO	2. Date of E Requiring S (Month/Day 12/07/202	statement /Year)			d Ticker or Trading Symbol  LUTIONS INTERNATIONAL, INC. [ PSIX ]				
(Last) C/O 201 M	(Last) (First) (Middle) C/O 201 MITTEL DRIVE				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) WOOD DALE	O IL 60191					Officer (give title below)		(specify	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sec	curity (Instr. 4)				unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

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

# Remarks:

\* This form 3 is being filed late due to an internal administrative error.

No securities are beneficially owned.

/s/ Fabrizio Mozzi 12/23/2021

\*\* 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.