FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB A	OMB APPROVAL						
OMB Number:	3235-0104						
Estimated average burden							
hours per resp	onse: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Zhou Bin		Requiring Staten	2. Date of Event Requiring Statement (Month/Day/Year) 03/03/2016 3. Issuer Name and Ticker or Trading Symbol MYOS Corp [MYOS]								
(Last) (First) (Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
C/O MYOS CORPORATION				X	Director	10% Owne	er				
45 HORSEHILL ROAD, SUITE 106		_			Officer (give title below)	Other (spe below)	cify		lividual or Joint	t/Group Filing (Check	
(Street)									X	Form filed b	y One Reporting Person
CEDAR KNOLLS	NJ	07927								Form filed by Reporting P	y More than One erson
(City)	(State)	(Zip)	-								
			Table I - Non	-Derivati	ive Se	curities Beneficiall	y Owned				
1. Title of Secu	ırity (Instr. 4)		Table I - Non	2.	. Amour	curities Beneficiall nt of Securities ully Owned (Instr. 4)	y Owned 3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (4. Natı (Instr.		Beneficial Ownership
1. Title of Secu	ırity (Instr. 4)		Table II - D	2. B	. Amour eneficia	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Beneficial Ownership
	rity (Instr. 4)	(Instr. 4)	Table II - D	2. Berivative Is, warra	. Amour seneficia e Secu nts, o	nt of Securities ully Owned (Instr. 4) urities Beneficially	3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securities	ct (D) (sion cise		Beneficial Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Bin Zhou</u> <u>03/14/2016</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

 $^{^{\}star}$ 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).