FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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* WONG RODERICK			1	2. Issuer Name and Ticker or Trading Symbol Health Sciences Acquisitions Corp [HSAC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) (Middle) C/O HEALTH SCIENCES ACQUISITIONS CORP., 412 WEST 15TH STREET, FLOOR 9			ONS	3. Date of Earliest Transaction (Month/Day/Year) 11/07/2019						X Office	r (give title belo Chie	Executive (Other (specify b	pelow)
(Street) NEW YORK, NY 10011		4	4. If Amendment, Date Original Filed(Month/Day/Year)					-	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 Acqu					Acqui	uired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		Date	ite Ionth/Day/Year)	2A. Deemed Execution Date, if	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			Ownership Form:	Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nd 4)			
Common Shares		11/07/20	19		P		17,500	A \$1	S 10.18	17,500			I	By RTW (1)
Common Shares 11/11/201		19		P		13,000		\$ 10.18	30,500		I		By RTW (1)	
					1		13,000	1 1	0.18					RIW
Reminder: Report or	a separate line		of securit	Perivative Securiti	vned direc	Pers cont the t	indirectly sons wh tained ir form dis	o respor	nd to tom are curren	he collec not requ itly valid		ormation pond unle rol numbe	SEC SS	1474 (9-02)
Reminder: Report or 1. Title of Derivative Security (Instr. 3) Convers or Exerc Price of Derivati Security	3. Transact ion Date ise (Month/Da	tion 3A. I Executy/Year) any	able II - D	Derivative Securiting, puts, calls, was 4. Transaction Code (Instr. 8)	vned directions of the set of the	Personna the formation of the formations of the formations of the formation of the formatio	indirectly sons wh tained ir form dis	o respor n this for plays a contible securicisable n Date	eficiall rities) 7. Tit Amo Unde	he collection of requirements of the and the and the and the critisms.	OMB cont 8. Price of	pond unle	SEC of 10. Ownersi Form of Derivati Security Direct (i	111. Nature of Indirection of Seneficion Ownersk (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WONG RODERICK C/O HEALTH SCIENCES ACQUISITIONS CORP. 412 WEST 15TH STREET, FLOOR 9 NEW YORK, NY 10011	X		Chief Executive Officer			

Signatures

/s/ Roderick Wong	11/11/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).
 - The securities reported herein may be deemed to be beneficially owned by each of: (i) RTW Investments, LP ("RTW"), which is deemed the beneficial owner of securities held by RTW Master Fund, Ltd., RTW Venture Fund Limited and RTW Innovation Master Fund, Ltd. (the "Funds"), which are investment funds managed by RTW, and (ii)
- (1) Roderick Wong, M.D., who serves as the Managing Partner and Chief Investment Officer of RTW. Dr. Wong exercises voting and dispositive control over the securities held by RTW and is therefore deemed to be a beneficial owner of securities owned or controlled by RTW. Each of RTW and Dr. Wong disclaims beneficial ownership of the reported securities held by the Funds, except to the extent of its or his pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.