## FORM 4

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

| ONB APPRO            | VAL       |
|----------------------|-----------|
| OMB Number:          | 3235-0287 |
| Estimated average bu | ırden     |
| 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

| (Print or Ty  | pe Response | s)                      |  |   |  |                              |                        |                     |                   |  |  |                     |  |  |             |                                       |                         |
|---|-------------|-------------------------|--|---|--|------------------------------|------------------------|---------------------|-------------------|--|--|---------------------|--|--|-------------|---------------------------------------|-------------------------|
| 1. Name and Address of Reporting Person * Krial Mark T                                      |             |                         |  | 2. Issuer Name and Ticker or Trading Symbol INFORMATION ANALYSIS INC [IAIC] |  |                              |                        |                     |                   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner   |  |                     |  |  |             |                                       |                         |
| (Last) (First) (Middle) C/O INFORMATION ANALYSIS INCORPORATED, 11240 WAPLES MILL RD STE 201 |             |                         | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021      |   |  |                              |                        |                     |                   | Officer (give title below) Other (specify below)   |  |                     |  |  |             |                                       |                         |
| (Street) FAIRFAX, VA 22030  |             |                         | 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 |  |                     |  |  |             |                                       |                         |
| (Cit  |             | (State)                 | (Zip)  | Toble I - Non-Derivative Securities Again                                   |  |                              |                        |                     |                   | s Acqui  | ired, Disposed of, or Beneficially Owned |                     |  |  |             |                                       |                         |
| 1.Title of Security<br>(Instr. 3)   |             |                         | 2. Transaction<br>Date<br>(Month/Day/Year                        | 2A. Deeme<br>Execution<br>any<br>(Month/Da                                  |  | ed<br>Date, if               | 3. Tr<br>Code          | . Transaction       |                   | 4. Securities Acqui<br>(A) or Disposed of<br>(Instr. 3, 4 and 5)   |  | ired 5. Amount of S |  | Securities Beneficially ving Reported  |             | 6.<br>Ownership<br>Form:              | Beneficial<br>Ownership |
|   |             |                         |  |   |  |                              | Co                     | ode V               | Amount (A) or (D) |  | Price                                    |                     |  |  | (           | (nstr. 4)                             | IIIsu. 4)               |
|   |             |                         | Table II   |   |  |                              |                        | a cur               | rent<br>spose     | ly valid OME   | Gontro                                   | ol num              | nber.                                  | ınless the   | form displa | /S                                    |                         |
|   |             | I                       |  |   | uts,   |                              |                        | 1                   |                   | ertible securi   |  |                     |  | l  |             |                                       | 1                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | Conversion  | Date Execution Date, if | Transaction of D<br>Code Sect<br>(Instr. 8) Acq<br>or D<br>of (I |   | 5. Numb<br>of Deriv<br>Securitie<br>Acquired<br>or Dispo<br>of (D)<br>(Instr. 3,<br>and 5) | ative<br>es<br>d (A)<br>osed | Expiration<br>(Month/D |                     |                   | 7. Title and Amount<br>of Underlying<br>Securities<br>(Instr. 3 and 4)   |  | g                   |  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) |             | Beneficial<br>Ownership<br>(Instr. 4) |                         |
|   |             |                         |  | Code  | V  | (A)                          | (D)                    | Date<br>Exercisable | le                | Expiration<br>Date   | Title                                    | 1                   | Amount<br>or<br>Number<br>of<br>Shares |  | (Instr. 4)  | (Instr. 4)                            |                         |
| Options<br>(Right-<br>to-buy)   | \$ 1.74     | 02/04/2021              |  | A   |  | 20,000                       |                        | 02/04/20            | )22               | 02/04/2026   | Com                                      |                     | 20,000                                 | \$ 1.74  | 30,000      | D                                     |                         |

### **Reporting Owners**

| Reporting Owner Name / Address   |   | Relationships |         |       |  |  |  |  |
|--|---|---------------|---------|-------|--|--|--|--|
|  |   | 10%<br>Owner  | Officer | Other |  |  |  |  |
| Krial Mark T<br>C/O INFORMATION ANALYSIS INCORPORATED<br>11240 WAPLES MILL RD STE 201<br>FAIRFAX, VA 22030 | X |               |         |       |  |  |  |  |

#### **Signatures**

| /s/ Matthew T. Sands            | 02/05/2021 |
|---------------------------------|------------|
| **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).

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. |
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