longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 * REESE STANLEY ARTHUR			2. Issuer Name and Ticker or Trading Symbol INFORMATION ANALYSIS INC [IAIC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner							
(Last) (First) (Middle) C/O INFORMATION ANALYSIS INCORPORATED, 11240 WAPLES MILL RD STE 201 (Street) FAIRFAX, VA 22030			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2021 4. If Amendment, Date Original Filed(Month/Day/Year)					X	X Officer (give title below) Other (specify below) Chief Executive Officer 6. Individual or Joint/Group Filing/Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
								X Fo								
(Cit		(State)	(Zip)			Tal	ble I - N	Non-Deriv	ative Securi	ties Acq	uired, I	Disposed (of, or Benef	ficially Owned	l	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if		if Co (Ir	3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or				Securities Beneficially ving Reported		Ownership orm:	Beneficial Ownership		
Reminder:	Report on a	separate line for each	class of securities b	peneficial	lly owned	direct		Persons						on containe		474 (9-02)
Reminder:	Report on a s	separate line for each		- Deriva	tive Secu	ities 4	Acquire	Persons in this fo a curren	orm are no tly valid O	require //B con	ed to re trol nu	espond ι mber.		on containe form displa		474 (9-02)
Reminder: 1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction		- Derivat (e.g., pu 4. Transact Code	tive Secu uts, calls, 5. N tion of E Secu or D of (I (Ins)	rities Awarra mber erivati rities hired (aspose b)	Acquires, op ove Exp (Mc A) d	Persons in this for a curren ed, Disposotions, con Date Exerc	orm are not tly valid O ed of, or Be vertible sec isable and te	require MB con neficiall rities) 7. T of U Seco	ed to re trol nu y Owne	espond umber. ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transact Code	tive Secuuts, calls, 5. N tion of E Secu Or E of (I	rities A warra mmber cerivati rities nired (sspose b) : 3, 4,	Acquire ants, op 6. D Exp (McA)	Persons in this for a curren ed, Dispos tions, con Date Exerc piration Da onth/Day/Y	orm are not tly valid O ed of, or Be vertible sec isable and te	require MB con neficiall rities) 7. T of U Seco	ed to retrol nu dy Owne Title and Juderlyin urities tr. 3 and	espond umber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
REESE STANLEY ARTHUR C/O INFORMATION ANALYSIS INCORPORATED 11240 WAPLES MILL RD STE 201 FAIRFAX, VA 22030	X		Chief Executive Officer		

Signatures

/s/ Matthew T. Sands	04/02/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- $_{\star\star}$ Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C.

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.