SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

# OMB Number:

OMB APPROVAL

3235-0104

Estimated average burden hours per response: 0.5

## **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

1. Name and Address of Reporting Person <sup>*</sup> Choi Kelvin Hio Tong	2. Date of E Requiring S (Month/Day 10/03/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>ZW Data Action Technologies Inc.</u> [ CNET ]				
(Last) (First) (Middle) 10TH FLOOR, TOWER A			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
NO. 68 FIRST HELONG RD, BAIYUN DISTRICT			<ul> <li>Director</li> <li>Officer (give title below)</li> </ul>	10% Owner Other (specify below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person	
(Street) GUANGZHOU F4 510440						Person	by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
18	Die I - NOI	-Derivativ	le Securities Benefic		Mieu		
1. Title of Security (Instr. 4)		2	Amount of Securities Beneficially Owned (Instr.	3. Owno Form: I (D) or II (I) (Inst	ership 4 Direct C ndirect	. Nature of Indire )wnership (Instr.	
1. Title of Security (Instr. 4)	Table II - D	2 E 4 Verivative	Amount of Securities Beneficially Owned (Instr.	3. Owno Form: I (D) or II (I) (Inst	ership Direct ndirect r. 5) eed		
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**Explanation of Responses:** 

No securities are beneficially owned.

### /s/ Kelvin Choi

10/15/2024 Date

\*\* Signature of Reporting Person

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.