FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

St. Name and Address of Reporting Ferson			2. Date of Event Statement (Mont 11/01/2021			3. Issuer Name and Ticker or Trading Symbol Context Therapeutics Inc. [CNTX]							
(Last) 3675 MARKET ST SUITE 200 (Street)	(First) FREET	(Middle)					Il applicable) Director Officer (give tit	g Person(s) to Iss e below) ef Financial Of	10% Owner Other (specify	/ below)		dividual or Joint/Grou	Original Filed (Month/Day/Year) up Filing (Check Applicable Line) one Reporting Person fore than One Reporting Person
PHILADELPHIA (City)	PA (State)	19104 (Zip)										Porm filed by N	ione man One Reporting Person
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)				2. Amount Owned (In	of Securities Be str. 4)	neficially	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exer Expiration D (Month/Day)		tion Date	le and		and Amount of S y (Instr. 4)	mount of Securities Underlying Derivative r. 4)		4. Conver	cise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exerci	Exp Sable Date	iration e	Title		Amount or Number of Shares	Price of Derivative Security		(Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Alex C. Levit

11/01/2021

** Signature of Reporting Person Date

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.

POWER OF ATTORNEY

I, Jennifer Minai-Azary, hereby authorize and designate each of Martin A. Lehr (the Chief Executive Officer), Alex C. Levit (the Chief Legal O

- (1) prepare and execute for and on my behalf, in my capacity as an officer and/or director of Context Therapeutics Inc. (the "Company"), a
- (2) do and perform any and all acts for and on my behalf that may be necessary or desirable to complete and execute any such Form ID, Form :

(3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be to I hereby further grant to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requising this Power of Attorney shall remain in full force and effect until I am no longer required to file Form ID or Forms 3, 4 and 5 or Form 144 with I hereby revoke all previous Powers of Attorney that have been granted by me in connection with my reporting obligations, if any, under Section IN WITNESS WHEREOF, I have caused this Power of Attorney to be duly executed as of this 1st day of November, 2021.

/s/ Jennnifer Minai-Azary Jennifer Minai-Azary