SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 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 [*] <u>WONG RODERICK</u>			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/03/2020 3. Issuer Name and Ticker or Trading Symbol Health Sciences Acquisitions Corp 2 [HSAQ]								
(Last) 40 10TH A	(Last)(First)(Middle)40 10TH AVENUE, FLOOR 7				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) NEW YORK	NY	10014			X	Officer (give title below) Chief Executiv	Other below)	Other (specify below)		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 Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			curity Convers		5. Ownership Form: Direct (D)	Ownership (Instr.	
			Date Exercisable	Expiratior Date	Title		Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Roderick Wong

08/03/2020

** 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.