FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

COMMISSION

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OMB APPROVAL

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

Name and Address of Reporting Person* MATLIN DAVID J			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2020 3. Issuer Name and Ticker or Trading Symbol Clene Inc. [CLNN]							
(Last) (First) (Middle) 61 CEDAR POINT LANE					4. Relationship of Reporting Issuer (Check all applicable)		, ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAG HARBOR (City)	NY (State)	11963 (Zip)	-		"	Director Officer (give title below)	10% C Other below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities Illy Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					1	,146,213	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Ye			ate	Under	3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		4. Conver or Exer Price of	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
						Amount	Derivat		or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

/s/ Jerry Miraglia POA 01/04/2021

** Signature of Reporting

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.