FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ON	1R	AP	PR	Ω	/A

OMB Number:	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

Planchard Michael		2. Date of Event Requiring Statement (Month/Day/Year) 10/13/2023	3. Issuer Name and Ticker or Trading Symbol American Picture House Corp [APHP]					
(Last)	Last) (First) (Middle)		10,10,2020	Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
20 CONCORD				X	Director Officer (give title below)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) LITTLETON	MA	01460					A	Form filed by More than One Reporting Person
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ,	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common	3,540,000	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Ur Derivative Security (Instr. 4)	, ,	or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security		

Explanation of Responses:

/s/ Michael Blanchard

10/17/2023

** 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.