UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 12b-25

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OMB Number: 3235-0058 Expires: April 30, 2025

Estimated average burden hours per

response 2.50

SEC FILE NUMBER

		NOTIFICATION OF LA	TE FILING	CUSIP NUMBER
(Check one):	□ Form 10-K ⊠ Form 10-Q	☐ Form 20-F ☐ Form 10-D	□ Form 11-K □ Form N-CEN	☐ Form N-CSR
	For Period Ended: June 30, 2025			
	☐ Transition Report on Form 10-☐ Transition Report on Form 20-☐ Transition Report on Form 11-☐ Transition Report on Form 10-☐ Transition Report On Form 10	F K		
	For the Transition Period Ended:_			
		d Instruction (on back page) Before		
If the notificat	ion relates to a portion of the filing che	cked above, identify the Item(s) to v	which the notification relates:	
PART I — RI	EGISTRANT INFORMATION			
Sigyn Therape	eutics, Inc.			
Full Name of I	Registrant			
Former Name	if Applicable			
2305 Historic	Decatur Road, Suite 100			
	ncipal Executive Office (Street and Nu	mber)		
San Diego, Ca	lifornia 92106			
City, State and	Zip Code			
	RULES 12b-25(b) AND (c)			
If the subject if (Check box if		asonable effort or expense and the	registrant seeks relief pursuant to	Rule 12b-25(b), the following should be completed.
(a) The r	eason described in reasonable detail in	Part III of this Form could not be el	iminated without unreasonable eff	ort or expense;
or be		ng the prescribed due date; or the su	ibject quarterly report or transition	EN or Form N-CSR, or portion thereof, will be filed on a report on Form 10-Q or subject distribution report of and
(c) The a	accountant's statement or other exhibit	required by Rule 12b-25(c) has been	n attached if applicable.	
PART III — I	NARRATIVE			
State below in time period.	reasonable detail why Forms 10-K, 20	0-F, 11-K, 10-Q, 10-D, N-CEN, N-C	CSR, or the transition report or por	tion thereof, could not be filed within the prescribed
	practicable without undue hardship an			ne constraints that have rendered timely filing of the cy to file such quarterly report no later than five days
PART IV — 0	OTHER INFORMATION			
(1) Name	e and telephone number of person to co	ntact in regard to this notification		
James Joy	rce	619		3-0800
(Name)		(Area Code)	(1	elephone Number)

(2) Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s). ⊠ Yes □ No

(3) Is it anticipated that any significant change in results of operations from the corresponding period for the last fiscal year will be reflected by the earnings statements to be included in the subject report or portion thereof?								
	☐ Yes ⊠ No							
If so, attach an explanation of the anticipated change, both narratively and quantita cannot be made.	tively, and, if appropriate, state the reasons why a reasonable estimate of the results							
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SIGYN THERAPEUTICS, INC. (Name of Registrant as Specified in Charter)								
has caused this notification to be signed on its behalf by the undersigned hereunto duly authorized.								
	By: /s/ James Joyce Name: James Joyce Title: Chief Executive Officer							
INSTRUCTION: The Form may be signed by an executive officer of the registrant or by any other duly authorized representative. The name and title of the person signing the Form shall be typed or printed beneath the signature. If the statement is signed on behalf of the registrant by an authorized representative (other than an executive officer), evidence of the representative's authority to sign on behalf of the registrant shall be filed with the Form.								
ATTENTIO	ON —							
Intentional misstatements or omissions of fact constitute Federal Criminal Violations (See 18 U.S.C. 1001).								
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