FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL 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

1. Name and Address of Reporting Person* <u>Khosrowshahi Golnar</u>			2. Date of E Requiring S (Month/Day 07/28/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Reservoir Media, Inc. [ RSVR ]				
l	(First) RVOIR MED STREET, 9 NY (State)				4. Relationship of Reporting Issuer (Check all applicable)  X Director  X Officer (give title below)  Chief Executiv	10% C Other below)	owner (specify	A Person	vint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)							4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. I)	Form: [ (D) or li	Direct (		
1. Title of Sec	urity (Instr. 4)			erivative	Beneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct of the condition	Ownership (Instr.	
Title of Sect     Title of Deri		(e.g.,		erivative s, warrar	Seneficially Owned (Instr. I) Securities Beneficia	Form: I (D) or II (I) (Insti ally Owr ible sec ecurities	Direct of the condition	Ownership (Instr.	

Explanation of Responses:

No securities are beneficially owned.

/s/ Golnar Khosrowshahi 07/28/2021

\*\* 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.