FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
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## **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*     Chen Hongjun		2. Date of Event Requiring Statement (Month/Day/Year)  12/20/2022  3. Issuer Name and Ticker or Trading Symbol  Professional Diversity Network, Inc. [ IPDN ]										
(Last) 55 E. MONROI (Street) CHICAGO (City)	(First)  E ST. SUITE# 21  IL  (State)	(Middle) 20 60603 (Zip)			(Check all ap Dir Of	nip of Reporting Pe oplicable) rector ficer (give title low)	x X	to Issuer  10% Owner Other (speci	fy	6. Ind	th/Day/Year) dividual or Joint/Gable Line) Form filed by	e of Original Filed  Group Filing (Check  One Reporting Person  More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				. Amount of Seneficially C	Securities Owned (Instr. 4)	F			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					2	,325,581		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisa Expiration Date (Month/Day/Year			ate	3. Title and Amount of Securitic Derivative Security (Instr. 4)			Conve or Exe		rcise (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Price o Derivat Securit	tive	Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Chen, Hongjun

01/17/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).