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

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | |
|---|--|--|-----------------------|--|---|--|--------------------------------|---------------------------------|--|--|--------------------------------------|--|---|--------------------------------------|
| 1. Name and Address of Reporting Person * Johnson Virland A | | | | 2. Issuer Name and Ticker or Trading Symbol JanOne Inc. [ARCI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) 325 E. WARM SPRINGS RD. #102 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2020 | | | | | X_Office | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | |
| (Street) LAS VEGAS, NV 89119 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ Form fil | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City | | (State) | (Zip) | Т | able I - N | Non-D | erivative | Securiti | es Ac | quired, Disp | osed of, or l | Beneficially | Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | , if Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | | D) Beneficially Owned Following Reported Transaction(s) | | | Ownership Form: | Beneficial | |
| | | | (Month/Day/Year) | Cod | e V | V Amou | (A) o | r Pri | (Instr. 3 a | 10 4) | | \ / | Ownership (Instr. 4) | |
| Common | Stock | | 11/03/2020 | 11/03/2020 | S(1) |) | 1,46 | 9 D | \$ 3.6 | 37,045 | | | D | |
| Common Stock | | 02/05/2021 | 02/05/2021 | S <u>(1</u> |) | 4,11 | 2 D | \$ 8.6 | 32,933 | | | D | | |
| Reminder: | Report on a s | separate line fo | r each class of secur | ities beneficially o | | Pe co the | rsons w ntained e form d | ho resp in this f isplays | orm a | to the collectory to the colle | uired to res OMB con | spond unle | ss | 1474 (9-02) |
| 1 77'4 6 | 2 | 2 75 | (| e.g., puts, calls, w | arrants, | option | ns, conve | rtible sec | curiti | es) | | 0 N 1 | C 10 | 11.37. |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Year) Execution Da | 4. Transaction Code (Instr. 8) | 5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | an (M | Month/Day/Year) | | A U S | , | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownershi (Instr. 4) D) ect |
| | | | | Code V | (A) (I | Ex | ate xercisable | Expirat Date | ion T | Amount or Number of Shares | | | | |
| Renor | ting O | wners | | | | | | | | | | | | |

| | | Relationships | | | | | | |
|--|----------|---------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Johnson Virland A 325 E. WARM SPRINGS RD. #1 LAS VEGAS, NV 89119 | 02 | | Chief Financial Officer | | | | | |

Signatures

| /s/ Virland Johnson | 02/11/2021 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).
- (1) Forced sale by brokerage firm due to margin call.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.