FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|--------------------|--|--|--|--|--|--|
| OMB Number: | ber: 3235- 0104 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per | 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* Florida State University 2. Date of Event Requiring Statement (Month/Day/Year) | | | 3. Issuer Name and Ticker or Trading Symbol 60 DEGREES PHARMACEUTICALS, INC. [SXTP] | | | | | |
|---|---|--------------------|--|---|------------------------------------|--|---|--|
| Research Foundation Inc. 07/11/2023 | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| (Last) (First) (Middle) | | | Director X | 10% O | wner | | | |
| 2000 LEVY AVENUE, BUILDING A SUITE 351 | | | Officer (give title below) | Other (below) | specify | | | |
| (Street) TALLAHASSEE FL 32310 | | | | | (C | heck Applicable X Form filed Person | int/Group Filing e Line) by One Reporting by More than One | |
| (City) (State) (Zip) | | | | | | Reporting | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | . Amount of Securities eneficially Owned (Instr.) | 3. Owne Form: D (D) or In (I) (Instr | irect Ow direct | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Stock | | | 405,000 | D | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exerc Expiration Day/\ (Month/Day/\ | ate | 3. Title and Amount of S Underlying Derivative So (Instr. 4) | ative Security Conve | | Form: | 6. Nature of Indirect Beneficial Ownership (Instr. | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | 5) | |

Explanation of Responses:

/s/ Heather Cave

07/11/2023

** 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.