FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 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 A		porting Person*	2. Date of E Requiring S (Month/Day 11/18/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol TELOS CORP [TLS]					
LIMITED	(First) TRUST CO A CROIX D V8 (State)		-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	X 10% C) wner (specify	File 6. II	ndividual or Joeck Applicable Form filed Person	pint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Į i	2. Amount of Securities Beneficially Owned (Instr. 1)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					12,164,804		I I		By subsidiary	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
''' ',			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
l 1		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:

Remarks:

/s/ Brian Padgett, Director 04/07/2021

** 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.