FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response	0.5							

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*  Smith Michele (Month/Day/Year)  10/25/2017				nent	3. Issuer Name and Ticker or Trading Symbol  CM Seven Star Acquisition Corp [ CMSSU ]						
(Last) (First) (Middle) SUITE 1003-1004, 10/F, ICBC TOWER		BC TOWER			Relationship of Reporting Perso (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
THREE GARDEN ROAD, CENTRAL  (Street)  HONG KONG  F4  000000					Officer (give title below)	Other (spe below)	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Ordinary Shares						50,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Title of Derivative Security (Instr. 4)     Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4)		4. Conversi or Exerci Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security			

**Explanation of Responses:** 

/s/ Michele Smith

10/25/2017

\*\* 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.