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

| | | | | | | restinent company Act of 19 | | | | | | |
|---|---------|-------|---------------------|---|---|--|--|--|--|---|--|--|
| 1. Name and Address of Reporting Person* Li Kathy Wing Yan 2. Date of Event Requiring Statement (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, 10F, ICBC TOWER | | | | Relationship of Reporting Perso (Check all applicable) Director | | 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| THREE GARDEN ROAD, CENTRAL (Street) HONG KONG F4 0000000 | | | | | X | X Officer (give title below) Dir. of Investment 1 | Other (specify below) Relations | | 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) | | | | | | Amount of Securities neficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | cṫ (D) (lı | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Ordinary Shares | | | | | | 100,000 | 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 | nd 3. Title and Amount of Securities Underlying Derivative Security (Ins | | | 4. Convers or Exerc Price of | se Form: | n Ownership | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | n Title | e | Amount or Number of Shares | Derivativ Security | | rect | | |

Explanation of Responses:

/s/ Kathy Wing Yan Li 10

10/25/2017

** 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.

 $^{^{\}star}$ 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).