FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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 Address of Reporting Person* Archimedes Tech SPAC Sponsors LLC 2. Date of Event Requiring Statement (Month/Day/Year) 03/10/2021			3. Issuer Name and Ticker or Trading Symbol Archimedes Tech Spac Partners Co [ATSPU]						
(Last) (First) (Middle) C/O ARCHIMEDES TECH SPAC PARTNERS CO. 2093 PHILADELPHIA PIKE #1968 (Street) CLAYMONT DE 19703 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	X 10% (Owner (specify	File	ndividual or Jo eck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4) Form				. Nature of Indirect Beneficial wnership (Instr. 5)		
Common Stock			3,375,000]	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise		Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Security	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ Stephen N. Cannon

03/12/2021

** 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.