FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Toxford Corp/Panama	2. Date of E Requiring S (Month/Day 11/18/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol TELOS CORP [TLS]					
(Last) (First) (Middle) C/O ACE INTERNATIONAL SA PLACE DE SAINT-GERVAIS 1, PO BOX 2049 (Street) GENEVA 1 V8 1211 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	X 10% C)wner (specify	A Person	or Joint/G cable Lin filed by C	Group Filing ne) One Reporting More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			12,164,804	I	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	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversi	ise Form:	hip Ind Ow	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security		ect í	5)

Explanation of Responses:

Remarks:

/s/ Ariane Slinger, Director 04/05/2021

** Signature of Reporting

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.