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

1. Name and Address of Reporting Person* Ali Mir Tauhid 2. Date Requirin (Month/ 07/13/		tatement /Year)	3. Issuer Name and Ticker or Trading Symbol JATT Acquisition Corp [JATT]				
(Last) (First) (Middle) C/O MAPLES FIDUCIARY SERVICES (DELAWARE) INC., 4001 KENNETT PIKE, SUITE 302 (Street) WILMINGTON DE 19807 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director X Officer (give title below) Chief Operatin	10% C Other below)	Owner 6. (C	ed (Month/Day Individual or Jo heck Applicable X 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)			2. Amount of Securities Beneficially Owned (Instr. 1)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Class B ordinary shares			30,000	I)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	ive or Indirect	5)

Explanation of Responses:

/s/ Tauhid Ali

07/14/2021

** 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.