FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL						
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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* Konstantine Sarafis	2. Date of Event Requiring Statemen (Month/Day/Year) 08/30/2004		3. Issuer Name and Ticker or Trading Symbol GENEMAX CORP [GMXX]						
(Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
	_		X Officer (give title below)	Other (spec below)		ndividual or Joint llicable Line)	/Group Filing (Check		
(Street) TSAWWASSEN A1 V4M 3B9	_		Chief Operating C	Officer		-	y One Reporting Person y More than One erson		
(City) (State) (Zip)									
	Table I - Non-D	Derivative	e Securities Beneficially	y Owned					
1. Title of Security (Instr. 4)			eficially Owned (Instr. 4)			I. Nature of Indirect Beneficial Ownership Instr. 5)			
	Table II - Der (e.g., puts, calls,		Securities Beneficially (
	(3-, ,,	, warrance	s, options, conventible	securities	5)				
1. Title of Derivative Security (Instr. 4)	2. Date Exercisal Expiration Date (Month/Day/Year	able and 3.	s, Options, Convertible I. Title and Amount of Securiti Inderlying Derivative Security	es	4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Derivative Security (Instr. 4)	2. Date Exercisal Expiration Date (Month/Day/Year	able and 3. U	3. Title and Amount of Securiti	es	4. Conversion	Ownership	Beneficial Ownership		

Explanation of Responses:

/s/ SARAFIS KONSTANTINE 09/06/2004

** 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).