

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response	e 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

(Print or Type Responses)							
Name and Address of Reporting Person* Tompkins Mark N.	2. Date of Event Requiring Statement (Month/Day/Year) ———————————————————————————————————		3. Issuer Name and Ticker or Trading Symbol Parasol Investments Corp [NONE]				
APT. 1, VIA GUIDINO 23			4. Relationship of Issuer	, ,	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LUGANO, V8 6900			(Check all applicable) _X_ Director		cify Applicable I _X_ Form fi	6. 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)	2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock, par value \$0.0001 per sh	01 per share 4,750,000			D			
Reminder: Report on a separate line for each class Persons who respoi unless the form disposition. Table II - Derivative.	nd to the collection	on of informati valid OMB con	on contained in t itrol number.		·		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expirat Exercisable Date	Title Amou	int or Number of	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Reporting Owners

Departing Owner Name /	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Tompkins Mark N. APT. 1, VIA GUIDINO 23 LUGANO, V8 6900	X	X		

Signatures

/s/ Mark N. Tompkins	10/28/2020
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.