FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours por rosponso:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*     Barrett Henry Robertson					2. Issuer Name <b>and</b> Ticker or Trading Symbol Arena Group Holdings, Inc. [ AREN ]								5. Relationship of (Check all applications)		able) r	g Pers	10% Ow	ner	
(Last)	(F EY ST 24T	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/02/2023								X	below)	Officer (give title elow)  PRESIDENT,		Other (specify below)  MEDIA	
(Street) NEW YORK NY 10281			- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	s Ac	quired,	Disp	osed o	f, or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date		, Transaction Dis Code (Instr. 5)		Disposed	Securities Acquired (A) isposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	Price	•	Transacti (Instr. 3 a				msu. 4)	
Common Stock 11/02/				2/202	2/2023		A		20,00	00 A \$6		0	145,302 <sup>(1)</sup>			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amour or Numbe of Shares	r					
Stock Option (right to buy)	\$4.04	11/02/2023			A		20,000		(2)	1	1/01/2033	Common Stock	20,00	0	\$0	20,000	0	D	

## Explanation of Responses:

- $1. \ This \ total \ includes \ certain \ unvested \ shares \ subject \ to \ for feiture \ if \ underlying \ vesting \ conditions \ are \ not \ met.$
- 2. One third of the options vest on November 2, 2024, with the remainder vesting ratably in 24 monthly installments thereafter, subject to the reporting person's continued service to the Issuer on each vesting

/s/ Henry Robertson Barrett

11/06/2023 \*\* 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 4 (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.