FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
hours per response:	0.5					

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*     Wait Geoffrey			2. Date of E Requiring S (Month/Day 08/06/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Arena Group Holdings, Inc. [ AREN ]						
(Last) 200 VESEY (Street)	(First) ST., 24TH F	(Middle) FLOOR	-	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give Other (specify below)  Officer (give below)  To be of the control of the contro			/Year) int/Group Filing e Line)				
NEW YORK	NY	10281		Principal Financial		ial Officer		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. I)			Nature of Indirect Beneficial     Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)			

**Explanation of Responses:** 

No securities are beneficially owned.

/s/Geoffrey Wait 08/14/2024

\*\* 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.