FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|---------------|--|--|--|--|--|--|
| OIVIB 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

| 1. Name and Address of Reporting Person* Frankl Jason | | | 2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2024 3. Issuer Name and Ticker or Trading Symbol Arena Group Holdings, Inc. [AREN] | | | | | | | | | |
|--|---------|--|---|---|--|-----------------------|--------------|--|--|--|--|--|
| (Last) 200 VESEY | ~ | (Middle) | | | Relationship of Reporting Person(s Issuer (Check all applicable) Director 10% C | | Person(s) to | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| (Street) NEW YORK | NY NY | 02110 | - | | X Officer (give title below) Interim Pres | Other (specify below) | | 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) | | | | . Amount of Securities Beneficially Owned (Instr.) | 3. Own Form: I (D) or I (I) (Inst | Direct ndirect | | 4. 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) | | | | se Form: | 6. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | Date | Expiration | | Amount or Number of | | | Direct (D) or Indirect (I) (Instr. 5) | 5) | | | |

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Jason Frankl</u> <u>02/02/2024</u>

** 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.