SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 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 [*] Zola Carlo			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/14/2021 3. Issuer Name and Ticker or Trading Symbol theMaven, Inc. [MVEN]						
	5 LIBERTY STREET, 27TH				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
FLOOR (Street)				X Director Officer (give title below)		[∞] Owner ler (specify ow)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
NEW YORK	NY	10281								by More than One Person
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
		Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned			
1. Title of Sec	curity (Instr. 4)	Ta	ble I - Non	2	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: I (D) or II (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr.	
1. Title of Sec	curity (Instr. 4)		Table II - D	2 Perivative	2. Amount of Securities Beneficially Owned (Instr.	3. Own Form: I (D) or I (I) (Inst	ership Direct ndirect r. 5)	Own		
	curity (Instr. 4)	(e.g.	Table II - D	Perivative s, warrar cisable and ate	2. Amount of Securities Beneficially Owned (Instr. 4) Securities Beneficia	3. Own Form: I (D) or II (I) (Inst ible sec ecurities	ership Direct ndirect r. 5)	Sion		

Explanation of Responses:

No securities are beneficially owned.

/s/ Carlo Zola

08/30/2021 Date

** Signature of Reporting Person

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.