SEC For	m 4																		
	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Section obligat	this box if no lo n 16. Form 4 or ions may contin tion 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												E	MB Numb stimated a ours per re	average burde	3235-0287 m 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Levinsohn Ross						2. Issuer Name <b>and</b> Ticker or Trading Symbol Arena Group Holdings, Inc. [AREN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 200 VES	(F SEY ST 241	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/02/2023								X Officer (give title Other (specify below) below) CHIEF EXECUTIVE OFFICER						
(Street) NEW YORK NY (City) (State)			10281 (Zip)			If Amei	ndment, I	Date	of Original I	f Original Filed (Month/Day/Year)				. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	R	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	ole I - Nor	n-Deriv	vativ	e Seo	curities	s Ac	quired,	Dis	sposed o	of, or Be	neficia	lly Own	ed				
				2. Trans Date (Month/		ear)   E	2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Dispo Code (Instr. 5)		n Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		) or 5. Amoun 4 and Securitie Beneficia Owned F Reported		Fori (D) (	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or Drice		Trans	Transaction(s) (Instr. 3 and 4)			(11511.4)		
		-	Table II -								osed of, convertil			y Owne	b				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		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)		Derivati Security	ve deriva Secur Bener Owne Follow Repo	rities ficially ed wing rted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amoun or Numbe of Shares						
Restricted Stock Units	(1)	11/02/2023			A		37,500		(2)		(3)	Common Stock	37,50	) \$0	3	7,500	D		
Stock Option (right to buy)	\$4.04	11/02/2023			A		37,500		(4)		11/01/2033	Common Stock	37,50	) \$0	3	7,500	D		

Explanation of Responses:

1. Each RSU represents a contingent right to receive 1 share of the Issuer's common stock.

2. One third of the restricted stock units ("RSUs") will 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 date.

3. These restricted stock units do not expire; they either vest or are canceled prior to the vesting date.

4. 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 date.

<u>/s/ Ross Levinsohn</u> <u>11/06/2023</u>

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.