FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549		
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ONB APPROVAL								
OMB Number:	3235-0287							
Estimated averag	je burden							

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	10.																	
Name and Address of Reporting Person* GWG Wind Down Trust				2. Issuer Name and Ticker or Trading Symbol Beneficient [BENF] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner															
(Last) PO BOX	`	rst) (I	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024								Office below	er (give title v)		Other (: below)	specify	
700 SMI	TH ST.				4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)		6. Indiv	vidual o	r Joint/Grou	p Filir	ng (Check A	pplicable
(Street)	ON TY	ζ 7	7208-1	209										✓		filed by Mo		oorting Pers an One Rep	
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (AD) (Instr. 3) 5)				, 4 and Secu Bene Own		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) or (D)	r Pric	Price Reported (I Transaction(s) (Instr. 3 and 4)					(111501. 4)
Class A C value ⁽¹⁾	Common St	ock, \$0.001 par		08/27/2	2024				S		2,167	D	\$2.	.005	1,1	31,362	.362 D		
Class A C value ⁽²⁾	Common St	ock, \$0.001 par		08/28/2	2024				S		8,673	D	\$	§ 2	1,1	1,122,689 D			
		Та								•	osed of, convertib			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	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 Expirat (Month	ion Da		Amount of Securities Underlying Derivative Security (I 3 and 4)		Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amount or Number of Shares	r							

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$ 2.02 to \$ 2.00, inclusive. The Reporting Person undertakes to provide to Beneficient, any security holder of Beneficient, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.0 to \$2.0, inclusive

Remarks:

/s/ Elizabeth C. Freeman, solely in her capacity as Trustee of GWG Wind Down

08/28/2024

Trust

** 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.