

STEEL CONNECT, INC. Reported by WALD JEFFREY S

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/02/24 for the Period Ending 07/01/24

Address 590 MADISON AVENUE

32ND FLOOR

NEW YORK, NY, 10022

Telephone 781-663-5000

CIK 0000914712

Symbol STCN

SIC Code 7389 - Services-Business Services, Not Elsewhere Classified

Industry IT Services & Consulting

Sector Technology

Fiscal Year 07/31

FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Wald Jeffrey	y S			ļ	Steel	Conne	ect, Inc.	[S]	ГCN]				olicable)			
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Director10% Owner Officer (give title below) Other (specify below)					
C/O STEEL CONNECT, INC., 590 MADISON AVENUE, 32ND FLOOR					7/1/2024							Officer (giv	e title below	/)Ou	iei (specify t	elow)	
WIADISON	(Street		FLOO		4. If A	mendme	nt, Date O	rigin	al File	ed (MM/DI	D/YYY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORK	X, NY 100 City) (Star		p)										X Form filed by		rting Person One Reporting I	Person	
			Table I	- Non-L	Deriva	itive Seci	ırities Acc	quire	ed, Di	sposed o	f, or	Ben	eficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. I			2. Trans. Da	Exe	. Deemed ecution te, if any	3. Trans. Co (Instr. 8)	de	e 4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)			Fo	Amount of Securities Beneficially Owned llowing Reported Transaction(s) sstr. 3 and 4)			Ownership Form: of Ind Benef	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amou	(A) or (D)	r Pri	ice				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, \$0.01 par value 7/1/202-				7/1/2024			A		2,109	(<u>1</u>) A	5	80			66,599	D	
	Tab	le II - Der	rivative	Securiti	es Bei	neficially	Owned (e.g.,	puts,	calls, wa	rran	ts, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deen Execution Date, if an	n (Instr		de 5. Number of Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date Date Expirat			7. Title and An Securities Und Derivative Sec (Instr. 3 and 4)		Underlying Security	ing Derivative Security (Instr. 5)		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	/ (A)	(D)		rcisable		Title	Shar			Transaction(s) (Instr. 4)	(1) (Instr. 4)	

Explanation of Responses:

(1) Shares acquired are shares of restricted stock awarded pursuant to the Issuer's 2020 Stock Incentive Compensation Plan (the "Incentive Compensation Plan"). Except as otherwise provided in the Incentive Compensation Plan, the shares of restricted stock vest on July 1, 2025, provided that the reporting person remains a director of the Issuer on such vesting date.

Reporting Owners

reporting o where									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Wald Jeffrey S C/O STEEL CONNECT, INC. 590 MADISON AVENUE, 32ND FLOOR	X								
NEW YORK, NY 10022									

Signatures

By: /s/ Maria Reda, as Attorney-in-Fact for Jeffrey S. Wald

7/2/2024

**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 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 control number.