

WILHELMINA INTERNATIONAL, INC.

Reported by **GUPTA RAJESH**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/17/24 for the Period Ending 10/16/24

Address 200 CRESCENT COURT

SUITE 1400

DALLAS, TX, 75201

Telephone 2146617488

CIK 0001013706

Symbol WHLM

SIC Code 8742 - Services-Management Consulting Services

Industry Employment Services

Sector Industrials

Fiscal Year 12/31

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.

OMB APPROVAL
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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							Relationshi	5. Relationship of Reporting Person(s) to Issuer				
	г												(Check all ap	olicable)			
Omni Retail	Enternri	ses LL	Γ		Wil	lhel	mina	Interna	tio	nal, I	nc. [W	HL	M				
Ommi Retain	Litterpri	ses, LL	C		1					,	•		Director		_X_ 10%	6 Owner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (gi	Officer (give title below) Other (specify below)				
424 FORT HILL DRIVE,, SUITE 144					10/16/2024												
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)					
NAPERVILI	LE, IL 60	540											Form filed by				
(City) (State) (Zip)											X Form filed	X Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans. E					eemed tion	3. Trans. Code (Instr. 8)				red (A	5. Amount of Securi Following Reported (Instr. 3 and 4)	ities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amoun		Price	;			(1) (Ilisu. 4)	
Common Stock, par value \$0.01 per share 10/16/202				24			S		300	D	\$3.960	1		880,604	D (1)		
Title of Derivate	Tab l	e II - Der	ivative 3				ficially		,	puts, o			s, options, conve		rities) 9. Number of	10.	11. Nature
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Ex	Execution Date, if a	n (Inst		Derivative Se Acquired (A) Disposed of ((Instr. 3, 4 and		ve Securities I (A) or I of (D)	Securities and I (A) or of (D)		Expiration Date		tites Underlying ative Security 3 and 4)	Derivative Security		Ownership Form of	
				Code		v	(A)	(D)	Date Exer	e rcisable	Expiration Date		Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

(1) All securities reported in this Form 4 are beneficially owned directly by Omni Retail Enterprises, LLC ("ORE"). Omni Holdings Management, LLC ("OHM") is the sole manager of ORE. Mr. Rajesh Gupta is the sole member of OHM. Each Reporting Person disclaims beneficial ownership of all securities reported herein, except to the extent of their pecuniary interest therein, if any, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities and Exchange Act of 1934 or for any other purpose.

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Omni Retail Enterprises, LLC						
424 FORT HILL DRIVE,		X				
SUITE 144						
NAPERVILLE, IL 60540						
OMNI HOLDINGS MANAGEMENT, LLC						
424 FORT HILL DRIVE,		X				
SUITE 144		Λ				
NAPERVILLE, IL 60540						
Gupta Rajesh						
424 FORT HILL DRIVE,		X				
SUITE 144		A				

Signatures	
/s/ Rajesh Gunta, for himself and as an authorized signatory of ORE and OHM	10/17/2024

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).

**Signature of Reporting Person

NAPERVILLE, IL 60540

** 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.

Date