FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Schulke Ryan			2. Issuer Name and Ticker or Trading Symbol Fluent, Inc. [FLNT]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner								
(Last) (First) (Middle) C/O FLUENT, INC. 300 VESEY STREET, 9TH FLOOR (Street) NEW YORK NY 10282				3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/23/2023								X Officer (give title Other (specify below) Chief Strategy Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
NEW FORK NT 10282				F	D 40 5 4/) T " " " "									Person					
(City)	(St	ate) (Z	(ip)		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. tive Securities Acquired, Disposed of, or Beneficially Owned														
				tiv			-	uired	_	-	-				1	1			
		2. Transaction Date (Month/Day/Yea	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)	Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported			Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Cod	e V	A	mount	(A) or (D)	Price	Transa	Transaction(s) (Instr. 3 and 4)						
Common	Stock		05/19/2023	3			P			40,000	A	\$0.69530	27	72,500		I	Held by The Schulke Inn Family Foundation Trust in which the Reporting Person serves as Co- Trustee.		
Common	Stock								\perp				7,4	80,368	1	D			
Common	Stock												2,0	00,000		I	Held by RSMC Partners, LLC, of which the Reporting Person is a member.		
Common Stock												725,001			I	Held by The Ryan Schulke 2020 GRAT, of which the Reporting Person is Trustee.			
		Tal	ole II - Derivati											ied	'				
1. Title of Derivative Security (Instr. 3)	Conversion Date E or Exercise (Month/Day/Year) if		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Tra	5. Num of of Ode (Instr.		mber ative ities red sed 3, 4	Expiration Date (Month/Day/Year)			d 7. T Am Sec Und Der Sec	Title and ount of curities derlying rivative curity (Instr. and 4)	8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Report Transa	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	de V	(A)		Date Exerci	sable	Expiration Date	on Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These share were bought in multiple transactions at prices ranging from \$0.67774 to \$0.7000, inclusive. The reporting person undertakes to provide Fluent, Inc., any Fluent, Inc. security holder or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote. This filing corrects the original filing which incorrectly reported the range of prices.

/s/ Ryan Schulke 12/05/2023

** 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.