SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden 0.5

hours per response:

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 <sup>*</sup> <u> Perfit Ryan MacNab</u>	2. Date of Ev Requiring Sta (Month/Day/Y	atement Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Fluent, Inc.</u> [FLNT]								
(Last) (First) (Middle) C/O FLUENT, INC. 300 VESEY STREET, 9TH FLOOR	_ 02/03/2023 =		Issuer	tionship of Reporting all applicable) Director Officer (give title below) Interim C	10% O Other ( below)			Amendment, d (Month/Day/	Date of Original Year)		
(Street) NEW YORK (City) (State) (Zip)	_							eck Applicable Form filed t Person	by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				nt of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)											
Expiration I		ate Exercisable and iration Date nth/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				5. Ownership Form:	Ownership (Instr.		
		Expiration Date	Title		Amount or Number of Shares		ve or Indirect		5)		

**Explanation of Responses:** 

No securities are beneficially owned.

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05/26/2023 Date

\*\* Signature of Reporting Person

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 5 (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.