FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF 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 A	Address of Repo David	orting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/19/2021 3. Issuer Name and Ticker or Trading Symbol Nuvve Holding Corp. [NVVE]					
(Last) (First) (Middle) C/O NUVVE HOLDING CORP. 2468 HISTORIC DECATUR ROAD,					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
SUITE 200					X Officer (give title below) Chief Financial	below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting	
(Street) SAN DIEGO	CA	92106			Cnier Financi	ai Officer		A Person	by More than One
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
					4)	(D) or li	ndirect		3)
				erivative		(D) or li (l) (Inst	ndirect r. 5)		3 ,
1. Title of Der	ivative Securit	(e.g.		erivative s, warrar cisable and	e Securities Benefici nts, options, conver	(D) or li (I) (Insti ally Owr tible sec	ndirect r. 5)		6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>/s/ David G. Robson</u> <u>03/22/2021</u>

** 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 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.