FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL									
ı										
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response	0.5								

	Check this box if no longer subject
$\neg$	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

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1. Name ar Poilasn	2. Issuer Name <b>and</b> Ticker or Trading Symbol Nuvve Holding Corp. [ NVVE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>r unasn</u>	ie Gregor	<b>y</b> _			<u> </u>									X	Direc	tor		10% O	wner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give below)				Other (s	specify
C/O NUVVE HOLDING CORP.						06/30/2023								Chief Executive Officer					
2468 HISTORIC DECATUR ROAD, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)					Applicable
(Street)														X	Form	Form filed by One Reporting Person			
SAN DIEGO CA 92106														Form filed by More than One Reporting Person					orting
(City) (State) (Zip)						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.														
		Table	I - No	on-Deriva	tive S	ecur	ities	Acc	quired,	Dis	posed of	, or E	Benefic	cially	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution D		tion Da		3. Transaction Code (Instr.					4 and Secu Bene Own		cially Following	Form (D) or Indire	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership
									Code V		Amount	(A) or (D) Price		•	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
Common	023				A		25,550 <sup>(1)</sup>	A	\$0.	.595 1,3		15,985.73		D					
		Tab	ole II	- Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Code (Instr. 8)  Derivative Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)			rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and					8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	Code V (A) (D)		Date Expiration Exercisable Date		Title	Amount or Number of Shares								

## Explanation of Responses:

1. In connection with the amendment and restatement of Amendment No. 1 to the Reporting Person's employment Agreement dated November 11, 2022, the Reporting Person receives a grant of Common Stock at the end of each month beginning on November 30, 2022 and ending on August 31, 2023.

## Remarks:

/s/ Gregory Poilasne

07/03/2023

\*\* Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.