SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Sec obliga	this box if no tion 16. Form tions may cor ction 1(b).		STA		d pursua	ant to s	Sectior	n 16(a)	of the S	Securi	ties Exchange	e Act of		ERS	SHIP	Est		nber: d average bur response:	3235-0287 den 0.5
					2. Issuer Name and Ticker or Trading Symbol <u>CompoSecure, Inc.</u> [CMPO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) 5970 FA SUITE 7	IRVIEW		(Middle)			ate of E 27/202	of Earliest Transaction (Month/Day/Year) 2022						Officer (give title Other (specify below) below)						
(Street) CHARL	OTTE N	IC	28210		4. lf /	Ameno	endment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person				son		
(City)	(5	State)	(Zip)																
1. Title of	Security (In		e I - No	2. Transac Date (Month/Da	tion	2A. E Exec if any	Deemed	l Date,	3. Transa Code (8)	ction	4. Securities Disposed Of 5)	Acquir	ed (A)	or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Forr (D) d	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Pric	e	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common	Common Stock 09/27/2022			2022	2		Р		3,649	A	\$4	4.9	9 2,949,702				See footnote ⁽¹⁾		
		Та	able II ·								osed of, c				Ownee	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)		5. Number 6. Date Ex ion of Expiration		tion Da				D Si (li	Price of erivative ecurity nstr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e Owners s Form: ally Direct (I or Indire g (I) (Instr	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		Amour or Numbe of Shares	ər					
		of Reporting Persor ement LLC)*				,											·	·
(Last) 5970 FA SUITE 7	IRVIEW I 705	(First) ROAD	(M	iddle)															
(Street) CHARL	OTTE	NC	28	3210															
(City)		(State)	(Zi	p)															
1. Name a	nd Address	of Reporting Persor	n*																

Ezrah Charitable Trust						
(Last)	(First)	(Middle)				
5970 FAIRVIEW ROAD						
SUITE 705						
(Street)						
CHARLOTTE	NC	28210				
(City)	(State)	(Zip)				
1. Name and Address of Reporting Person*						

COHEN DAVID I

(First) (Middle) (Last) C/O TIKVAH MANAGEMENT LLC

5970 FAIRVIEW ROAD, SUITE 705					
(Street) CHARLOTTE	NC	28210			

Explanation of Responses:					
(City)	(State)				

1. The reported transactions were in securities held by The Ezrah Charitable Trust, a client of Tikvah Management LLC. The securities may be deemed to be beneficially owned by Mr. David Cohen because he is the managing member of Tikvah Management LLC, which may be deemed to have beneficial ownership of the securities because Tikvah Management LLC serves as the investment manager to The Ezrah Charitable Trust. Mr. Cohen and Tikvah Management LLC disclaim beneficial ownership in the securities reported on this Form 4 except to the extent of their pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that Mr. Cohen and Tikvah Management LLC are the beneficial owners of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or for any other purpose.

Tikvah Management LLC, By:
/s/ David Cohen, Managing09/29/2022Member09/29/2022The Ezrah Charitable Trust,
By: /s/ David Cohen, Trustee09/29/2022/s/ David Cohen09/29/2022** Signature of Reporting PersonDate

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

(Zip)

 * 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.