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								
OMB Number:	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*     Gourbault Amanda Mandy					2. Issuer Name and Ticker or Trading Symbol CompoSecure, Inc. [ CMPO ]									heck all ap Dire	,	ng Pei	rson(s) to Is 10% O Other (	wner	
(Last) (First) (Middle) C/O COMPOSECURE, INC. 309 PIERCE STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2022									A belo	below)  Chief Reveni		below)	
(Street) SOMER (City)	SET N	0	8873 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lin	ie) X Forr Forr	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (5)					d Secur Benef	icially d Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A (D	() or ()	Price	Trans	nsaction(s) tr. 3 and 4)			(ear .)			
Class A Common Stock 03/16/2				2022		A		600,000 <sup>(1)</sup> A		\$0	600,000		D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion or Exercise (Month/Day/Year) str. 3) Date (Month/Day/Year) Price of Derivative Security  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount or Numb of Share		ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. Includes (i) 300,000 restricted stock units ("RSUs"), which will vest in two installments over the two-year period following the date of grant, with one-third vesting on January 1, 2023 and the remaining two-thirds vesting on January 1, 2024, subject to the reporting person's continued service as of the applicable vesting date and (ii) 300,000 RSUs, which will vest ratably over four years, with 25% of the award vesting on each of January 1, 2023, January 1, 2024, January 1, 2025 and January 1, 2026, respectively, subject to the reporting person's continued service as of the applicable vesting date. The RSUs will be settled into Class A Common Stock upon vesting.

/s/ Amanda Gourbault, by attorney-in-fact Steven J.

**Feder** 

\*\* Signature of Reporting Person Date

03/18/2022

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.