SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Section obligat	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		STAT		iled pu	ursuan	t to S	ection 16( 0(h) of the	a) of th	he Secu	uritie	es Exchan	nge Act	of 19	NERSI 34	HIP	Estima	Numbe ated av per res	erage burden	0.5
1. Name and Address of Reporting Person <sup>*</sup> <u>Fitzsimmons Timothy Walter</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CompoSecure, Inc.</u> [ CMPO ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) C/O CO	(F MPOSECU	irst) RE, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024									X	X Officer (give title Other (specify below) below) Chief Financial Officer					
309 PIERCE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) SOMER	SET N	J	08873												) ) )	-	,	•	rting Person One Report	I
(City)	(S	tate)	(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.														
		Та	ble I - Nor	n-Deri	ivativ	ve Se	ecur	ities Ac	cquir	red, D	isp	osed o	of, or	Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/I						action 2A. Deemed Execution Date if any (Month/Day/Yea			Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amoun Securities Beneficia Owned Fo Reported	s Forn ally (D) o ollowing (I) (Ir		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									c	ode V	′	Amount	(	A) or D)	Price	Transaction(a)				
Class A C	Common St	ock		05/1	16/20	2024 M <sup>(1)</sup> 319,513 A				319,513 A		9,513 A 9		0.01 319,513		D				
			Table II -					ies Acq varrants								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, 1	4. Transa Code ( 8)		Deri Sec Acq or D of (I	umber of ivative urities uired (A) Disposed D) (Instr. and 5)	Expir	ate Exerc ration D hth/Day/	ate		of Sec Under	curities rlying ative S	Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	cpiration ate	Title		Amount or Number of Shares		(Instr. 4)	,		
Stock Option (Right to Buy)	<b>\$</b> 0.01	05/16/2024			M <sup>(1)</sup>			565,566		(2)	05	5/15/2025	Class Comm Stoc	non	565,566	\$0.01	0		D	

## Explanation of Responses:

1. The option exercise reported on this Form 4 was effected pursuant to the CompoSecure, L.L.C. Amended and Restated Equity Incentive Plan (the "Plan"), whereby the reporting person received 319,513 shares of Class A common stock (the "Shares") of CompoSecure, Inc. ("CompoSecure") pursuant to the exercise of the stated option. 246,053 shares from the option were withheld to cover the exercise price of the option and related taxes associated with such option.

2. All of the Shares subject to this option are fully vested and exercisable as of the date hereof.

/s/ Timothy W. Fitzsimmons

\*\* Signature of Reporting Person

05/17/2024

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 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.