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 Rep alvatore	oorting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/12/2021 3. Issuer Name and Ticker or Trading Symbol Helbiz, Inc. [HLBZ]						
(Last) C/O HELB (Street) NEW YORK (City)	(First) IZ, INC. 32 (NY (State)	(Middle) OLD SLIP 10005 (Zip)	-		4. Relationship of Reportin Issuer (Check all applicable) X Director X Officer (give title below) CEO and Pro	X 10% C Other below)	wner (specify	File 6. Iı	ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Į i	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Series B Common Stock					14,225,898	I	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		curity Convers		5. Ownership Form:	Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Salvatore Palella

08/26/2021

** Signature of Reporting

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.