SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 Address of Reporting Person [*] Speranza Lorenzo	2. Date of E Requiring S (Month/Day, 08/12/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>Helbiz, Inc.</u> [HLBZ]				
(Last) (First) (Middle) C/O HELBIZ, INC. 32 OLD SLIP			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Accounting	10% Owner Other (spec below)) wner	 If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing 	
(Street) NEW NY 10005 						(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			384,202	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 Se Underlying Derivative Se (Instr. 4)		4. Convers or Exerc Price of	ise Form: Direct (D) /e or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount Derivati or Security Number of Shares			

nation of Responses

<u>/s/ Lorenzo Speranza</u>

08/26/2021

** Signature of Reporting Person

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.