Integrated Wellness Acquisition (WEL) / Form 4 / Integrated Wellness Acquisition / Hadrien Forterre ownership change

Filed: 5 Feb 24, 5:15pm

Filing menu

SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 [*]				2	2. Issuer Name and Ticker or Trading Symbol						5. Relatio	5. Relationship of Reporting Person(s) to Issuer						
IWH Sponsor LP				I	Integrated Wellness Acquisition Corp [WELU]							(Check a	(Check all applicable)					
												Director		X	10% Ow	ner		
														Officer (give t below)	title		Other (s	pecify below)
(Last)	(First)	()	/liddle)	3	. Date o	f Earliest	Transaction	(Month/Day	//Year)	r)								
59 N. MAIN STREET, SUITE 1			C	02/01/2024														
(Street)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individ	6. Individual or Joint/Group Filing (Check Applicable Line)						
FLORIDA	NY	1	0921									Form filed by One Reporting Person						
										X	X Form filed by More than One Reporting Person							
				_														
(City)	(State)	(Z	Zip)															
			Table I - No	on-Der	ivative	e Secu	rities Acq	juired, D	ispo	osed of	f, or Be	eneficia	lly Owned					
Da			Date	Transaction te 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction4. Securities Acquired (A) or DisplayCode (Instr. 8)Of (D) (Instr. 3, 4 and 5)			Securities Benefit		Form: or Indi	Direct (D) rect (I)	7. Nature of Indirect Beneficial					
						(WOR	ith/Day/fear)	Code	v	Amount	nount (A) or (D) Prio			Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		Ownership (Instr. 4)
Table II - Deri					ative S	Securit	ies Acqui	red, Dis	pose	ed of, c	or Bene	eficially	v Owned					
				(e.g.,	puts, o	calls, v	varrants,	options,	con	nvertibl	e secu	irities)						
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion Date or Exercise (Month/Day/Year Price of Derivative Security		Execution Date,	Code (Instr. 8)		Derivativ Acquire Dispose	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Derivative (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivati Securiti Benefic Owned	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	,		c	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares	Repor		ed ction(s)	.,,	
Class B Ordinary Shares	(1)	02/01/2024		J ⁽²⁾			2,012,500 ⁽²⁾	(1)		(1)		Ordinary ares	2,012,500(2) (1)	862,	500	D ⁽³⁾	

1. Name and Address of Reporting Person^{*}

IWH Sponsor LP

(Last) 59 N. MAIN STREET, SUITE 1	(First)	(Middle)
(Street) FLORIDA	NY	10921
(City)	(State)	(Zip)

1. Name and Address of Reporting Person [*]		
Della Vergiliana Antonio Varano		
Print		
(Last)	(First)	(Middle)
C/O INTEGRATED WELLNESS ACQUISITION CORP		
59 N. MAIN STREET, SUITE 1		
55 N. MAIN STREET, SOTTE T		
(Street)		
FLORIDA	NY	10921
		10721
(City)	(State)	(Zip)
1. Name and Address of Reporting Person [*]		
Forterre Hadrien		
(Last)	(First)	(Middle)
C/O INTEGRATED WELLNESS ACQUISITION CORP		
59 N. MAIN STREET, SUITE 1		
(Street)		
FLORIDA	NY	10921
	111	10721
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
MacPherson James T.		
(Last)	(First)	(Middle)
C/O INTEGRATED WELLNESS ACQUISITION CORP		
59 N. MAIN STREET, SUITE 1		
(Street)		
FLORIDA	NY	10921
	19.1	10721
(City)	(State)	(Zip)

1. Name and Address of Reporting Person [*] IWH Sponsor GP LLC		
(Last) C/O INTEGRATED WELLNESS ACQUISITION CORP 59 N. MAIN STREET, SUITE 1	(First)	(Middle)
(Street) FLORIDA	NY	10921
(City)	(State)	(Zip)

Explanation of Responses:

1. As described in the Issuer's registration statement on Form S-1 (File No. 333-260713) under the heading "Description of Securities--Founder Shares", the Class B ordinary shares will automatically convert into Class A ordinary shares at the time of the Issuer's initial business combination, or earlier at the option of the holder thereof, on a one-for-one basis, subject to certain adjustments described therein. The Class B ordinary shares have no expiration date.

2. On February 1, 2024, the Reporting Persons transferred these shares to the Issuer's new sponsor and affiliates in connection with a sponsor handover (the "Sponsor Handover").

3. These shares represent the Class B ordinary shares held by IWH Sponsor LP (the "Prior Sponsor") after the Sponsor Handover. IWH Sponsor GP LLC is the general partner of the Prior Sponsor. Hadrien Forterre, Antonio Varano Della Vergiliana and Arcturus Holdings, LLC are the managing members of IWH Sponsor GP LLC. James MacPherson is the managing member of Arcturus Holdings, LLC. By virtue of these relationships, each of these entities and individuals may be deemed to share beneficial ownership of the securities held of record by Prior Sponsor. Each of them disclaims any such beneficial ownership except to the extent of their pecuniary interest therein.

IWH Sponsor LP By: /s/ IWH Sponsor						
GP LLC, its Managing Member, By:	02/05/2024					
Hadrien Forterre, Managing Member						
IWH Sponsor GP LLC By: /s/ Antonio						
Varano Della Vergiliana, a Managing	02/05/2024					
Member						
/s/ Hadrien Forterre	02/05/2024					
/s/ Antonio Varano DellaVergiliana	02/05/2024					
/s/ James MacPherson	02/05/2024					
** 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 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.