FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:	3235-0287										

	Check this box if no longer subject to
1	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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
1(c). See Instruction 10.

Name and Address of Reporting Person* Maliagros Spiros				2. Issuer Name and Ticker or Trading Symbol AlTi Global, Inc. [ALTI]								(Chec	k all app Direc	licable) tor	ng Pe	erson(s) to Is	wner		
	ΓI GLOBA	L, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/10/2024							Officer (give title Other (specify below) Pres., Strategic Alternatives							
S20 MADISON AVENUE, 26TH FLOOR (Street) NEW YORK NY 10022 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					ion 2A. Deemed Execution Date,			auired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)) or 4 and Securities 6. Ownership 7. Securities Form: Direct of Beneficially (D) or Indirect But Owned Following (I) (Instr. 4)			7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) c	r Pr	ice		ted action(s) 3 and 4)			(Instr. 4)
Class A Common Stock 09/10/2 Class A Common Stock 09/11/2				2024			S		500 5,426	D	-	\$4 1.13 ⁽¹⁾	416,361.74 1) 410,935.74		L	D D			
Class II C			ble II -	Derivati	ve Se				ired, [osed of, convertib	or Be	nefic	ially		<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		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 Securities Underlying Derivative Security (In 3 and 4)		De Se (In:	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
					Code	v			Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$4.01 to \$4.25, inclusive. The reporting person undertakes to provide to AITi Global, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote(1) to this Form 4.

Remarks:

/s/ Colleen Graham, Attorney-

** Signature of Reporting Person

09/12/2024

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.