(City)

(State)

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden

hours per response: 0.5

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* TIEDEMANN ADVISORS, LLC 2. Date of Event Requiring Stateme (Month/Day/Year) 04/19/2024		statement /Year)	3. Issuer Name and Ticker or Trading Symbol Fortress Net Lease REIT [N/A]						
(Last) (First) (Middle) C/O ALTI GLOBAL, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
520 MADISON AVENUE, 26TH FLOOR			Officer (give title below)				6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
(Street) NEW YORK NY 10022						V	- Form filed	by More than One Person	
(City) (State) (Zip)									
Та	ble I - Non	-Derivat	tive Securities Benefic	ially Ov	vned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: D (D) or In (I) (Instr	irect direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class D Common Shares of Beneficial Interest			4,543,351	D ⁽	1)				
Class D Common Shares of Beneficial Interest			0	I	I See 1		Footnote 1		
Class D Common Shares of Beneficial Interest			0	I	I See Foo		Footnote 1		
Class D Common Shares of Beneficial Interest			0	I	See Footnote 1				
Class D Common Shares of Beneficial Interest			0	I	I See Footnote 1				
Class D Common Shares of Beneficial Interest			0	I	See Footnote 1				
Class D Common Shares of Beneficial Interest			0	I	I See Footnote 1				
Class D Common Shares of Beneficial Interest			0	I Se		See	See Footnote 1		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			cise	5. Ownership Form: Direct (D)	Ownership (Instr.	
	Date Exercisable	Expiratio Date	n	Amount or Number of Shares	Derivative or I		or Indirect (I) (Instr. 5)	5)	
1. Name and Address of Reporting Person* TIEDEMANN ADVISORS, LI	<u>.C</u>								
(Last) (First) (Mid C/O ALTI GLOBAL, INC. 520 MADISON AVENUE, 26TH FLO	•								
(Street) NEW YORK NY 100		-							

(Last)	(First)	(Middle)
C/O ALTI GLC	BAL, INC.	
520 MADISON	I AVENUE, 20	STH FLOOR
(Street)	NW.	10000
NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Addre <u>Tiedemann <i>A</i></u>	_	
(Last)	(First)	(Middle)
C/O ALTI GLC	BAL, INC.	
520 MADISON	I AVENUE, 20	5TH FLOOR
(Street) NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Addre	_	
AlTi Wealth	Manageme	nt Holdings, LLC
(Last)	(First)	(Middle)
C/O ALTI GLC	The second second	
520 MADISON	I AVENUE, 20	STH FLOOR
(Street) NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Addre <u>AlTi Global</u>	_	
(Last)	(First)	(Middle)
C/O ALTI GLC	BAL, INC.	
520 MADISON	I AVENUE, 20	STH FLOOR
,	NY	10022
(Street) NEW YORK		
	(State)	(Zip)
NEW YORK	ess of Reporting	
NEW YORK (City) 1. Name and Address	ess of Reporting	
(City) 1. Name and Addre AlTi Global (Last) C/O ALTI GLO	ess of Reporting Topco Ltd (First) DBAL, INC.	Person* (Middle)
NEW YORK (City) 1. Name and Addre AlTi Global (Last)	ess of Reporting Topco Ltd (First) DBAL, INC.	Person* (Middle)
(City) 1. Name and Addre AlTi Global (Last) C/O ALTI GLO	ess of Reporting Topco Ltd (First) DBAL, INC. I AVENUE, 20	Person* (Middle)

(Last)	(First)	(Middle)					
C/O ALTI GLOBAL, INC.							
520 MADISON AVENUE, 26TH FLOOR							
(0, 1)							
(Street)	NINZ	10022					
NEW YORK	NY	10022					
(City)	(State)	(Zip)					
(Oity)	(Gtate)	(Σιρ)					
1. Name and Address of Reporting Person [*]							
AlTi Global, Inc.							
(Last)	(First)	(Middle)					
520 MADISON AVE							
26TH FLOOR							
(Street)							
NEW YORK	NY	10022					
(City)	(State)	(Zip)					

Explanation of Responses:

1. The reported securities are directly owned by Tiedemann Advisors, LLC ("Tiedemann") and may be deemed to be beneficially owned by each of: (i) TTC Multi-Strategy Fund QP, LP, a private investment fund for which Tiedemann serves as the investment manager ("TTC Fund"); (ii) Tiedemann Advisors GP, LLC, as general partner of the TTC Fund; and (iii) each of the following parent companies of Tiedemann, (A) AlTi Wealth Management Holdings, LLC; (B) AlTi Global Holdings, LLC; (C) AlTi Global Topco Limited; (D) AlTi Global Capital, LLC; and (E) AlTi Global, Inc. (collectively, the "Reporting Persons"). Each Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Tiedemann Advisors, LLC, By: /s/ Whitney Fogle Lewis, Name: Whitney Fogle Lewis, Title: Authorized Signatory	12/11/2024
TTC Multi-Strategy Fund QP, LP, By: /s/ Whitney Fogle Lewis, Name: Whitney Fogle Lewis, Title: Authorized Signatory	12/11/2024
Tiedemann Advisors GP, LLC, By: /s/ Whitney Fogle Lewis, Name: Whitney Fogle Lewis, Title: Authorized Signatory	<u>12/11/2024</u>
AlTi Wealth Management Holdings, LLC, By; /s/ Colleen Graham, Name: Colleen Graham, Title: Authorized Signatory	12/11/2024
AlTi Global Holdings, LLC, By: /s/ Colleen Graham, Name: Colleen Graham, Title: Authorized Signatory	12/11/2024
AlTi Global Topco Limited, By: /s/ Colleen Graham, Name: Colleen Graham, Title: Authorized Signatory	12/11/2024
AITi Global Capital, LLC, By: /s/ Colleen Graham, Name: Colleen Graham, Title: Authorized Signatory	12/11/2024
AlTi Global, Inc., By: /s/	12/11/2024

<u>Colleen Graham, Name:</u> <u>Colleen Graham, Title:</u> <u>Authorized Signatory</u>

** 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.