FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington.	D.C.	20549	

vvasnington,	D.C. 20549	

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burder	1									
hours per response:	0.5									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Name and Address of Reporting Person*     Andreson Dovid Cont.				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Greenidge Generation Holdings Inc. [ GREE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Anderson David Carl				- 1	STEELS OF COMMUNICATION SETTING. [ SIGNED ]							1	X	Director	10% O		10% Ow	ner
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title below)			Other (specify below)	
135 RENNELL DRIVE, 3RD FLOOR				1	10/10/2022							Chief Executive Officer (CEO)						
155 KLIV	INLLE DIG	VL, SKD I LOC																
(Ctroot)				_ L	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street)	LD C	Т	06890		r. 11 7-4111	criament, E	alc of	Originari	ica (i	vioriti", Daj	, rear)		Line)	vidual of Joi	iii Oroup i	mig (	опсок дррп	Jabic
PAIRTI	LD C	1	00890										X	X Form filed by One Reporting Person				
(0:1.)	(0	1-1-2	(7:.)	_										Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa				Transact				3. 4. Securities Acquired (A) or			or	5. Amount of		6. Ownership		. Nature of		
Date					Execution Date, Day/Year)   if any		r, Transaction Disposed Of (D) (Ir Code (Instr.		(Instr. 3, 4 and 5)						ndirect Beneficial			
[ (					(Month/Day/Yea							Owned Following Reported		(l) (Instr. 4)		Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Pri	ice	Transactio (Instr. 3 an			`	
			Table II - De	rivativ	/ <u>o</u> So/	curitios	Δςαι	uired Di	ieno	sed of	or Ben	oficia	IIv O	wned				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	_				7. Title ar		_	8. Price of	9. Numbe	or of	10.	11. Nature
Derivative	Conversion	Date	Execution Date,			action Derivative		Expiration Date Securities Under			s Underl	lying	Derivative	derivative	е	Ownership	of Indirect Beneficial	
(Instr. 3)	Instr. 3) Price of (Month/Day/Year) 8)					Acquired (A) (Instr. 3 and 4)						ty	Security (Instr. 5)	Securities Beneficially		Direct (D) Owners	Ownership	
	Derivative Security				or Disposed of (D) (Instr. 3, 4 and 5)										Owned Following	g	or Indirect (I) (Instr. 4)	(Instr. 4)
														Reported Transaction(s)				
								Date	_	xpiration		Amour			(Instr. 4)	(0,		
				Code	v	(A)	(D)	Exercisable		ate	Title	Shares						
Stock											Class A							
Option (Right to	\$1.32	10/10/2022		Α		1,852,812		(1)	10	0/10/2032	common	1,852	,812	\$ <mark>0</mark>	1,852,8	312	D	
Buy)											stock							

## **Explanation of Responses:**

1. These stock options were granted as an inducement material to the Reporting Person entering into employment with the Issuer in accordance with Nasdaq Listing Rule 5635(c)(4). These stock options vest in equal installments on each of the first, second and third anniversaries of the grant date.

/s/ David Carl Anderson

10/12/2022

\*\* 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.