FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

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
defence conditions of Dule 10hE

1(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* <u>Mulvihill Christian</u>			Gre	2. Issuer Name and Ticker or Trading Symbol Greenidge Generation Holdings Inc. GREE							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
					J.	OKEL J							V	Officer (give title Other (specify below)					
(Last) (First) (Middle) 590 PLANT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/01/2024									Chief Financial Officer					
(Street) DRESDEN NY 14441				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(St	ate) (Ž	Zip)												Perso				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3enef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			, 4 and Securities Beneficiall		ties cially I Following	Form (D) or	Ownership rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or P	rice	Transa	saction(s) r. 3 and 4)			(Instr. 4)		
Class A Common Stock 08/01/2				024 ⁽¹⁾		F		1,712]	D	\$2.5	38	8,919	19 D					
Class A (Common St	ock		11/12/2	024(2)				A		20,000	1	A	\$ 0 58,919 D					
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		of	r osed (1. 3, 4	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price c Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. Represents the number of shares sold to cover the tax withholding obligations in connection with the vesting of certain restricted stock units and does not represent a discretionary sale by the Reporting

2. Represents restricted stock units granted pursuant to the Issuer's Amended and Restated 2021 Equity Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Class A Common Stock. The restricted stock units vest in twelve approximately equal monthly installments beginning one month after the grant date.

Remarks:

/s/ Christian Mulvihill

** Signature of Reporting Person

11/14/2024 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.