FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* <u>Filippelli David</u>			2. Date of E Requiring S (Month/Day 09/13/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol Greenidge Generation Holdings Inc. [GREE]				
(Last) 590 PLANT (Street) DRESDEN (City)		(Middle) 14441 (Zip)	03/13/2021		Relationship of Reporting Person(s) to ssuer Check all applicable) X Director 10% Owner Officer (give title below) below)		Owner (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. I)	3. Own Form: I (D) or II (I) (Inst	Direct O	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
''''		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
					Amount or Number	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ David Filippelli

09/13/2021

** Signature of Reporting

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.