FORM 3

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

Washington, D.C. 20549

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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*  2. Date of Event Requiring Statement (Month/Day/Year) 11/26/2024		3. Issuer Name and Ticker or Trading Symbol SUNation Energy, Inc. [ SUNE ]				
(Last) (First) (Middle)		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
171 REMINGTON BLVD		c	Director Officer (give title pelow)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person	
(Street) RONKONKOMA NY 11779					A	Form filed by More than One Reporting Person
(City) (State) (Zip)						

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ` '	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock	2,610	D	

# 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 Securities Underlying Derivative Security (Instr. 4)		Conversion F or Exercise (	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) e (Instr. 5)	

#### **Explanation of Responses:**

### Remarks:

There are no non-derivative or derivative securities beneficially owned.

<u>/s/ Spring Hollis</u> <u>11/26/2024</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).