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

| Name and Address of Reporting Person* Villaverde Vanessa | | 2. Date of Event Requiring Statement (Month/Day/Year) 08/24/2023 | ı | Name and Ticker or Trading | , | GBX] | | |
|---|---------|--|--|---------------------------------------|---------------------------------------|---|---|--|
| (Last) (First) (Middle) | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| C/O SAFE & GREEN HOLDINGS CORP., 990 BISCAYNE BLVD., #501, OFFICE 12 | | | X | X Director Officer (give title below) | 10% Owner Other (specify below) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | |
| (Street) MIAMI, | FL | 33132 | | | | | Form filed by More than One Reporting Person | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Beneficially Owned

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 Un Derivative Security (Instr. 4) | nderlying | 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 | erivative (Instr. 5) | |

Explanation of Responses:

No securities are beneficially owned.

/s/ Vanessa Villaverde

08/30/2023

** 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.

 $^{^{\}star}$ 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).