FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respon	se: 0.5									

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							70() 0			00	inpuny Act c	. 20								
Name and Address of Reporting Person* Rehmon Cothy					2. Issuer Name and Ticker or Trading Symbol FTC Solar, Inc. [FTCI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Behnen Cathy														Direc			10% Ov			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X	Office below	er (give title v)		Other (s	specify	
C/O FTC SOLAR, INC.					05/17/2023								CHIEF ACCOUNTING OFFICER							
9020 N CAPITAL OF TEXAS HWY, SUITE I-			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
260														X Form filed by One Reporting Person						
(Street)	(Street)														Form filed by More than One Reporting Person					
AUSTIN	AUSTIN TX 78759				Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (Z	ip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															
(State) (Zip)											saction was n ons of Rule 1					truction or wr	itten pl	an that is int	ended to	
		Table	l - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or	Bene	ficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction									3. 4. Securities Acquired (A							6. Ownership		7. Nature		
Date (Month/Day)				(/Year) Execution Date if any (Month/Day/Yea			´ c		Transaction Code (Instr. 5)		Of (D) (Instr. 3,		4 and Secur Benef Owne Follow		icially d	(D) o	(D) or Indirect (I)	of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D) or P	rice	Repor Transa						
Common Stock 05/17/20						2023			A 16,070 ⁽¹⁾		.)	A 5	\$2.77		168,689		D			
		Tab	le II -	Derivati											Owne	ed				
				(e.g., pu	ts, cal	ls, v	varra	ınts,	optior	ıs, c	onvertib	le se	ecurit	ies)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ution Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er							

Explanation of Responses:

1. Reflects a grant of restricted stock units, which vested in full upon grant, pursuant to the Issuers 2021 Stock Incentive Plan made to the Reporting Person in exchange for the Reporting Persons agreement with the Issuer to forego her cash bonus earned for the first quarter of 2023. The number of restricted stock units was determined by dividing the amount of such cash bonus by the thirty (30) day volume weighted average price (VWAP) of the Issuers common stock as of the date of grant.

Remarks:

/s/ Jacob D. Wolf, as Attorney-in-Fact

05/19/2023

** 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.