FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  SADASIVAM SHAKER			2. Issuer Name <b>and</b> Ticker or Trading Symbol FTC Solar, Inc. [ FTCI ]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last)	(Fi	,	Middle	)	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023								Office below	er (give ti v)	tle	Othe belo	er (specify w)	
C/O FTC SOLAR, INC. 9020 N CAPITAL OF TEXAS HWY, SUITE I-260			4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) AUSTIN TX 78759				Form filed by More than One Reporting Person									eporting					
,					Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	on-Deriva	tive	Secu	rities	Ac	quire	d, Di	sposed of	, or B	eneficia	ally Own	ed			
Date		2. Transaction Date (Month/Day/	Execution Date		·			Disposed Of	s Acquired (A) or f (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			11/17/20	23	23		P		59,800	A	\$0.51(1)	363,927		D			
Common Stock										3,017,094			I	By limited liability company <sup>(2)</sup>				
		Tal	ble II	- Derivati (e.g., pເ							oosed of, convertib				d			
Security or Exercise (Month/Day/Year) if any		Date Exec (Month/Day/Year) if any		ution Date, Trai		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
			Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 1. Represents a weighted average purchase price per share for these shares, which were purchased in multiple transactions at prices ranging from \$0.509 to \$0.51. The Reporting Person has provided to the Issuer, and undertakes to provide to the staff of the Commission or any security holder of the Issuer, upon request, full information regarding the number of shares purchased at each separate price within
- 2. The Reporting Person is the Manager of ChristSivam, LLC and has sole voting and dispositive power with respect to the shares held by ChristSivam, LLC. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein, if any, and this report shall not be deemed an admission that he is the beneficial owner of such securities for Section 16 or any other purpose.

## Remarks:

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

11/21/2023

\*\* 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.