FORM 3

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

## OMB APPROVAL Washington, D.C. 20549 OMB Number:

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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

3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person Requiring Statement FTC Solar, Inc. [ FTCI ] Morris Robert Phelps (Month/Day/Year) 03/31/2022 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Filed (Month/Day/Year) Issuer C/O FTC SOLAR, INC. (Check all applicable) 10% Owner Director 9020 N CAPITAL OF TEXAS HWY, 6. Individual or Joint/Group Filing Officer (give Other (specify **STE I-260** (Check Applicable Line) title below) below) Form filed by One Reporting CHIEF FINANCIAL OFFICER Person (Street) Form filed by More than One Reporting Person **AUSTIN** 78759 TX (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) 4) (D) or Indirect (I) (Instr. 5) Common Stock 750,000 **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 3. Title and Amount of Securities 6. Nature of **Expiration Date Underlying Derivative Security** Conversion Ownership **Indirect Beneficial** (Month/Day/Year) (Instr. 4) or Exercise Form: Ownership (Instr.

**Explanation of Responses:** 

Remarks:

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

Price of

Security

Derivative

04/07/2022

\*\* Signature of Reporting

Amount

Number

**Shares** 

of

Date

Direct (D)

or Indirect

(I) (Instr. 5)

5)

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

Date

Exercisable

**Expiration** 

Title

Date

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> 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).