FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

1. Name and Address of Reporting Person* Tankard Gary	2. Date of Ex Requiring St (Month/Day/ 01/05/2022	atement Year) Steel Connect, Inc. [STCN]						
(Last) (First) (Middle) C/O STEEL PARTNERS HOLDINGS LP			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		wner	5. If Amendment, Date of Original Filed (Month/Day/Year)		
590 MADISON AVENUE, 32ND FLOOR			X Officer (give title below) Chief Accounting	Other (specify below) g Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) NEW YORK 10022								by More than One Person
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
, , ,	. Date Exercisable and expiration Date Month/Day/Year)		3. Title and Amount of S Underlying Derivative Se (Instr. 4)					6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Expiration Date	Title	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	3)

Explanation of Responses:

No securities are beneficially owned.

/s/ Gary Tankard

01/18/2022

** Signature of Reporting

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 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).

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.