Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Wald Jeffrey S						2. Issuer Name and Ticker or Trading Symbol Steel Connect, Inc. [STCN]									ck all app	,		on(s) to Is 10% Ov	
(Last)	(Fi	rst) (ľ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024									Office below	er (give title v)		Other (s below)	specify	
C/O STEEL CONNECT, INC. 590 MADISON AVENUE, 32ND FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person						
(Street) NEW YORK NY 10022					Person										More than One Reporting				
(City)	(St	ate) (Z	Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication 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 - Nor	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execut ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 and		ties cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or	Price		ed action(s) 3 and 4)			(Instr. 4)	
Common	Stock, \$0.0	01 par value		01/01/	2024			A		2,623(1)	A	1	\$0.00	6	51,753		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security 1. Title of Conversion Date Date (Month/Day/Year) Date (Month/Day/Year) Security 3. Transaction Date Execution Date, if any (Month/Day/Year)				ransaction of ode (Instr. Derivative		vative irities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f Do So (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D)		Date Exercis	able	Expiration Date Title		or	ount mber ares						

Explanation of Responses:

1. Shares acquired are shares of restricted stock awarded pursuant to the Issuer's 2020 Stock Incentive Compensation Plan (the "Incentive Compensation Plan"). Except as otherwise provided in the Incentive Compensation Plan, the shares of restricted stock vest on January 1, 2025, provided that the reporting person remains a director of the Issuer on such vesting date.

By: /s/ Maria Reda, as

Attorney-in-Fact for Jeffrey S. 01/03/2024

Wald

** 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.