FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
$\overline{}$	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(b) of the Investment Company Act of 1940

Name and Address of Reporting Person* Molland Maria					2. Issuer Name and Ticker or Trading Symbol Steel Connect, Inc. [STCN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Moliand Maria						oter connect, mer [01011]								X	Direc	tor 10%		10% Ov	vner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023									Office belov	er (give title w)		Other (s below)	specify	
C/O STEEL CONNECT, INC. 590 MADISON AVENUE, 32ND FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
J30 WADISON AVENUE, SZND FLOOR														X	X Form filed by One Reporting Person					
(Street)	Street) NEW YORK NY 10022														Form filed by More than One Reporting Person					
					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														
	∐ sa	tisfy th	ne affirr	mative	defense c	onditi	ons of Rule 1	L0b5-1	c). Se	e Instruction	on 10.		·							
		Table	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	f, or	Ben	eficially	y Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					/Year)	Execu	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)						5. Amo Securi Benefi Owned Follow	ties cially i ing	Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V		Amount) or)	Price		ted action(s) 3 and 4)				
Common	023			A		2,859(1)		A	\$0.00	29	,443 ⁽²⁾	D								
		Tab		Derivativ (e.g., pu											Owne	ed	,			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution I ty or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Der Sed (Ins	Price of ivative curity str. 5)	tive derivative Securities		10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Expir Exercisable Date		Expiration Date	Title	Amo or Nun of Sha	nber						

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 July 1, 2024, provided that the reporting person remains a director of the Issuer on such vesting date.

2. On June 21, 2023, the Issuer effected a 1-for-3,500 reverse stock split of its common stock followed immediately by a 375-for-1 forward stock split of its common stock. The reported ownership amount has been adjusted to give effect to the reverse stock split and forward stock split.

By: /s/ Maria Reda, as
Attorney-in-Fact for Maria 07/05/2023

** Signature of Reporting Person Da

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.