

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>WE-INN LLC</u> <hr/> (Last) (First) (Middle) 2045 W GRAND AVE, SUITE B, PMB 82152 <hr/> (Street) CHICAGO IL 60612-1577 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/02/2024	3. Issuer Name and Ticker or Trading Symbol <u>Innventure, Inc.</u> [INV]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	8,697,656 ⁽¹⁾⁽²⁾	D	

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 Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
WE-INN LLC

 (Last) (First) (Middle)
 2045 W GRAND AVE, SUITE B, PMB 82152

 (Street)
 CHICAGO IL 60612-1577

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
WASSON GREGORY D

 (Last) (First) (Middle)
 2045 W GRAND AVE, SUITE B, PMB 82152

 (Street)
 CHICAGO IL 60612-1577

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Wasson Kimberly

 (Last) (First) (Middle)
 2045 W GRAND AVE, SUITE B, PMB 82152

 (Street)
 CHICAGO IL 60612-1577

 (City) (State) (Zip)

(Last)	(First)	(Middle)
2045 W GRAND AVE, SUITE B, PMB 82152		
<hr/>		
(Street)		
CHICAGO	IL	60612-1577
<hr/>		
(City)	(State)	(Zip)

Explanation of Responses:

1. The reporting persons acquired these securities on October 2, 2024, as consideration for the reporting persons' units of Innventure LLC, which Innventure, Inc. acquired by merger on October 2, 2024. The merger agreement provides that the former members of Innventure LLC will receive additional shares of Innventure, Inc. common stock if certain milestone conditions are met. The reporting persons' right to receive additional shares pursuant to this earn-out right became fixed and irrevocable on October 2, 2024, the effective date of the merger.

2. The securities are owned indirectly and jointly by Mr. and Mrs. Wasson, who share voting and dispositive power over the securities held by WE-INN LLC. Mr. and Mrs. Wasson are President and Executive Vice President of WE-INN LLC, respectively.

[WE-INN LLC /s/ Gregory D. Wasson Name: Gregory](#) [10/08/2024](#)
[D. Wasson Title: President](#)

[/s/ Kimberly Wasson Name: Kimberly Wasson](#) [10/08/2024](#)
[Title: Executive Vice President](#)

[/s/ Gregory D. Wasson](#) [10/08/2024](#)

[/s/ Kimberly Wasson](#) [10/08/2024](#)

** 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 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.