SEC Form	4
----------	---

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL
	0005 000

OMB Number:	3235-0287
Estimated average burde	en
hours per response:	0.5

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(e.g.,		5. Number of Derivative Securities Acquired (A) or	6. Da		is, C cisabl ate	onver	7. Title 7. Title Secur		ities)	8. Price of Derivative Security (Instr. 5)	/e derivative Ownership Securities Form: Beneficially Direct (D)		Beneficial Ownership t (Instr. 4)							
			Table II -	Dorive	ativo Soc	urities Ac	caui	irod D	liend		of or	Bonof	icially (	Owned			<u> </u>							
Common	Stock			12/1	1/2023			A		15,0	000	A	\$4.9 <sup>(1)</sup>	1,408	3,800	D								
								Code	v	Amour	nt	(A) or (D)	Price	Reported Transaction (Instr. 3 a	on(s)		(Instr. 4)							
1. Title of \$			2. Trans Date (Month				Execution Date, if any		Execution Date, ) if any		Execution Date, if any		Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and 5	4 and 5) Securities Beneficially Owned Fol		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
		Та	ble I - No	n-Deri		ecurities								v Owned										
(City)	(S	tate)	(Zip)		Che	10b5-1(	ndicat	te that a t	transa	ction was	s made	pursuant	to a contra	ct, instruction	or written p	olan that is intende	d to satisfy							
(Street) NEW YC	ORK N	Y	10282		_								2			e Reporting Pers re than One Rep								
300 VES	SEY STREET, 9TH FLOOR			4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicabl Line)											
(Last) C/O FLU	(First) (Middle) UENT, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023								below)	give title	below sutive Officer								
1. Name and Address of Reporting Person <sup>*</sup> Patrick Donald Huntley			2. Issuer Name and Ticker or Trading Symbol <u>Fluent, Inc.</u> [FLNT]								(Che	ck all applica	able)	g Person(s) to Is 10% ( Other										
Section obligat	this box if no lo 16. Form 4 or ions may contir tion 1(b).	nger subject to Form 5 nue. <i>See</i>	SIA		ed pursuan	t to Section 1 tion 30(h) of t	6(a) d	of the Se	ecuriti	es Exch	iange A	Act of 193	_	HIP	Estim	Number: ated average burd per response:	3235-0287 en 0.5							

(insu: 3)	Derivative Security	(wonunday) rear)	0)		Acqu (A) o Dispo of (D	r osed ) r. 3, 4			(insu: 3 ai	iu 4)	(instr. 5)	Owned Following Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	(instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options	\$4.72						02/01/2020	02/01/2029	Common Stock	396,000 <sup>(2)</sup>		396,000	D	

Explanation of Responses:

1. The price listed in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.480 to \$0.490, inclusive. The Reporting Person undertakes to provide Fluent, Inc., any Fluent, Inc. security holder, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

2. 50% of the Stock Option grants vested on February 1, 2020. Subject to continuing service, the remaining 50% of the Stock Option grants will vest if the Issuer's stock price remains above \$7.375 for 20 consecutive trading days.

/s/ Donald Patrick
--------------------

\*\* Signature of Reporting Person

12/13/2023

Date

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

 $^{\ast}$  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.