FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPR | OMB APPROVAL | | | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: | 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

| 1. Name and Address of Reporting Person* <u>Wuebbels Brian</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Freedom Acquisition I Corp. [CSLR] | | | | | | | | elationship of eck all applic Director | able) r | g Pers | 10% Ow | er | |
|--|--|--|---|------------------------------|--|---|---------|--------------------------------|--|-------------------|---|---|--|--|--|--------|--|--|
| (Last) | ` | irst) OLARIA, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023 X Officer (give title below) Chief Financial Officer | | | | | | | | | | becily | | |
| 45700 NORTHPORT LOOP EAST | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | NT C. | A | 94538 | | | | | | | | | | 2 | | led by More | | rting Person One Report | |
| (City) | (S | itate) | (Zip) | | _ Rเ ∏ | 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 | | | | | | | | to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | Execution Date, | | Transaction Dispose Code (Instr. 5) | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F | s ally following | Form | : Direct Control of the control of t | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | V Amo | unt | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | Instr. 4) |
| | | | | | | | | | uired, Dis , options | | | | | Owned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transacti Code (Ins | | | | e s I (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Sec Under Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | Expiratio Date | n Title | 0 | Amount or Number of Shares | | (Instr. 4) | J.1(3) | | |
| Stock Option (Right to Buy) | \$5.18 | 07/18/2023 | | | A | | 379,636 | | (1) | 06/18/203 | Ga Comm Stoc | | 379,636 | \$0.00 | 379,63 | 6 | D | |

Explanation of Responses:

1. The shares subject to the option vest as follows: 1/60th of the shares subject to the option shall vest monthly over five years from February 9, 2023.

Remarks:

/s/ Matt Hemington, Attorneyin-Fact for Brian Wuebbels

07/20/2023

** 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.