FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \neg | to Section 16. Form 4 or Form 5 |
| _ | 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(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Thiam Tidjane | | | | | 2. Issuer Name and Ticker or Trading Symbol Complete Solaria, Inc. [CSLR] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | (Ch | eck all a | ationship of Reporti k all applicable) Director Officer (give title | | rson(s) to I | wner | |
|--|--|---------|--------|-------------|---|--------------------------------------|--|--|--------------------------------|-------------------------------------|----------------------|--|-----------------------------|--|---|--|---|--------------|--|--|
| (Last) | (Fi | , | | 07/18/2023 | | | | | | | | | | ow) | | below) | | | | |
| C/O COMPLETE SOLARIA, INC. 45700 NORTHPORT LOOP EAST | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 07/20/2023 | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) FREMO | NT CA | A 9 | 94538 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | _ | 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 | l - No | n-Deriva | tive S | ecui | rities | Acc | uired, | Dis | posed of | f, or | r Ben | eficia | ally Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | /Year) i | Execu f any | eemed ution Date, th/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | d Sec Ben Owi Foll | 5. Amount of Securities Beneficially Owned Following | | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (, (1 | (A) or (D) | Price | Trai | orted isaction(s) tr. 3 and 4) | | | | |
| Common | Stock | | | 07/18/20 | 023 | | | | A | | 155,270 ⁽ | 1) | A | \$0.0 | 0 1 | 155,270 ⁽¹⁾ | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | ution Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities uired or osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f g | 3. Price (Derivativ Security (Instr. 5) | | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nur of | ount mber ares | | | | | | |

Explanation of Responses:

1. This amendment is being filed to correctly reflect the shares held directly.

Remarks:

/s/ Matt Hemington, Attorneyin-Fact for Tidjane Thiam 07/24/2023

** 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.