SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **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 . Kekedjia	Address of Rep n <u>Aris</u>	2. Date of E Requiring S (Month/Day 04/26/202	Statement /Year)								
(Last) (First) (Middle) C/O ICAHN ENTERPRISES L.P. 16690 COLLINS AVENUE - PH-1					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing</li> </ul>		
(Street) SUNNY ISLES BEACH	FL	33160	-		X	Officer (give title below) President and	below)	(specify	(Check Applic X Form fi Person Form fi		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)			4. Convers or Exerc Price of	ise Form:	Ownership (Instr.		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security	/e or Indire	t Í	

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/S/</u>	Aris	Ke	<u>ked</u> i	<u>ian</u>

\*\* Signature of Reporting Person

04/26/2021

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 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.