Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APF	PROVAL							
OMB Number: 3235-02								
Estimated average burden								
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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

Name and Address of Reporting Person* James Sarah					2. Issuer Name and Ticker or Trading Symbol Stronghold Digital Mining, Inc. [SDIG]								(Chec	 Relationship of Reporting Perso (Check all applicable) X Director 				suer vner	
(Last)	(Fi	rst) (ľ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/12/2024								Office	r (give title		Other (s elow)	specify		
595 MADISON AVENUE, 28TH FLOOR					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X		filed by On		-	
NEW YO	ORK N	Y 1	0022											Form filed by More than One Reporting Person					
(City)	Rule 10b5-1(c) Transaction Indication										on	,							
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.												nded to							
		Table	I - Noı	n-Deriva	ative S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execut ay/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ies cially Following	6. Owners Form: Dir (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A)		or F	Price	Transaction(s) (Instr. 3 and 4)				,iiisti. 4)
Class A c	common sto	ock, par value \$0	.0001	01/12/	2024		A		3,329	A	1	\$6.94	47	7,922	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security 1. Title of Date Date Execution Date Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 8) Sect Acquire (A) of Disp of (D		osed)) :r. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of crivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direct or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Amou or Numb of Share		ber					

Explanation of Responses:

Remarks:

Pursuant to the Issuer's Non-Employee Director Compensation Policy (the "Policy"), non-employee directors receive fully vested shares of Issuer's Class A common stock ("Stock") as an annual retainer for their service on the Issuer's board, unless they elect otherwise, consistent with their Stock ownership obligations. In accordance with the Policy, the reporting person was issued shares of Stock for the portion of the annual retainer covering the fourth quarter of fiscal year 2023.

> /s/ Matthew Usdin, as Attorney-in-Fact for Sarah 01/17/2024 **James**

** 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.