### FORM 4

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

☐ 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.

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *						2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Graves Paul	W			A	rcad	lium I	Lithiun	pl	c [AL	<b>ΓM</b> ]				,			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 10% Owner  X Officer (give title below) Other (specify below)					
													_x_ Officer (giv		v)Otl	ner (specify	below)
C/O SUITE 12, GATEWAY						11/11/2024								EU			
HUB, SHAN	NON AII	RPORT	HOUSI	E													
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
CII A NINIONI	I 2 3/14 E	2270															
SHANNON, L2 V14 E370					-							X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Stat	e) (Zip	p)												1 0		
			Table I -	Non-De	rivati	ive Seci	ırities A	equi	red, Dis	posed o	f, or l	Ben	eficially Owned	d			
1. Title of Security (Instr. 3)			2. Tr	rans. Date	Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securi Disposed (Instr. 3,	red (A)	) or 5. Amount of Secur Following Reported (Instr. 3 and 4)		ities Beneficially Owned d Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)	Price	e				(I) (Instr. 4)	(msu. 4)
Ordinary Shares			11/	11/2024			S		383,352	D	\$3.354	(1)			755,640	D	
Ordinary Shares															235,345 (2)	I	By Savings Plan
	Tabl	le II - Der	ivative Se	curities	Bene	eficially	Owned	(e.g.	, puts, o	calls, wa	rrant	ts, o	ptions, conver	tible secu	ırities)		
Security Conversion Date E			3A. Deemed Execution Date, if any	d 4. Trans (Instr. 8		Derivativ Acquired Disposed			6. Date Exercisable and Expiration Date  Date Expiration			ities l ative . 3 an	Underlying Security	Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)		ercisable		Title	Shar			Transaction(s) (Instr. 4)	(1) (Instr. 4)	

#### **Explanation of Responses:**

- (1) The reported price in Column 4 is a weighted average price. These shares were sold in multiple transaction at prices ranging from \$5.35 to \$5.355 per share. The holder undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon written request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- (2) Represents shares held pursuant to the company's Nonqualified Savings Plan, which were inadvertently omitted from the reporting person's prior filings.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Graves Paul W C/O SUITE 12, GATEWAY HUB SHANNON AIRPORT HOUSE SHANNON, L2 V14 E370	X		President & CEO					

#### **Signatures**

\*\*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 control number.