☐ 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.]	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Antoniazzi (Gilberto			Aı	rcad	dium 1	Lithium	plc	[AI	TM]							
(Last) (First) (Middle)				3.]	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner X Officer (give title below) Other (specify below)				halaw)	
C/O SUITE			HOUGI	7			11/1	14/2	024				CFO, VP & T			ner (specify	below)
HUB, SHAN	(Str		HOUSE		If An	nendme	ent, Date C)rigir	al Fil	ed (MM/I	DD/YYY	Y)	6. Individual c	or Joint/G	roun Filing	(Check Appl	icable Line)
CILA NINIONI	1 2 3/14	E270				nonam	oni, Duic o			ea (MIM)	<i>3D</i> /111	1)				(спеск г кррг	icuoic Eme)
SHANNON, L2 V14 E370 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
('	city) (St	ate) (Zip	<u>)) </u>														
			Table I - 1	Non-Der	rivat	ive Sec	urities Ac	quir	ed, Di	isposed	of, or B	ene	ficially Owne	d			
1. Title of Security (Instr. 3)			2. T	rans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		or Disposed of (D)			Fc	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial Ownership
							Code	V	Amou	(A) count (D)	r Price	:				or Indirect (I) (Instr. 4)	(Instr. 4)
Ordinary Shares				/14/2024			M		28,24	_	\$3.5	_			296,010	D	
Ordinary Shares			11.	/14/2024			S		166,03	38 D	\$5.24	5			129,972	D	
	Tal	ble II - Der	ivative Se	curities	Ben	eficially	y Owned (e.g.,	puts,	calls, w	arrant	s, op	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Date Exercisable and Expiration Date			es U	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (Right to Buy)	\$3.8 ⁽¹⁾	11/14/2024		M			28,246	2/27	/2018	2/27/2025	Ordin Shar		28,246	\$0	0	D	

Explanation of Responses:

(1) This exercise price in Column 2 was inadvertently listed as \$3.92 in the reporting person's Form 4/A filed on January 12, 2024.

Reporting Owners

Demonting Orymon Name / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Antoniazzi Gilberto								
C/O SUITE 12, GATEWAY HUB			CFO, VP & Treasurer					
SHANNON AIRPORT HOUSE			Cro, vr & ireasurer					
SHANNON, L2 V14 E370								

Signatures

/s/ Sara Ponessa, as attorney-in-fact 11/15/2024

**Signature of Reporting Person

Date

- * 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.