SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

3235-0104

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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 A Zacharski	2. Date of E Requiring S (Month/Day 03/14/202	tatement /Year)		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>DHC Acquisition Corp.</u> [BNAI]							
(Last) 145 E. SNO 1045 (Street) JACKSON (City)		(Middle) /E - PO BOX 32001 (Zip)			Issuer	tionship of Reporting all applicable) Director Officer (give title below) Chief Executive	10% C Other below)	wner (specify	File 6. Ii	d (Month/Day) ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities owned.						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversor or Exer	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
Explanation of	Responses		Date Exercisable	Expiration Date	Title		Amount De or Se Number of Shares		ve	or Indirect (I) (Instr. 5)	5)
	Responses:										

## /s/ Michael Zacharski

03/14/2024

\*\* 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 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.