SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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 <u>Khiari Wa</u>	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 11/18/2024 3. Issuer Name and Ticker or Trading Symbol Brand Engagement Network Inc. [BNAI]									
(Last) 145 E. SNO 1045 (Street) JACKSON (City)		(Middle) VE - PO BOX 83001 (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below) CFO and C	10% C Other below)	wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed I 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)						eneficially Owned (Instr. Form: Direct		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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)			curity Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I-		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Walid Khiari

11/21/2024 Date

** Signature of Reporting

Person

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.