FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated av

OMB APPROVAL							
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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

SECURITIES

1. Name and Address of Reporting Person* Pinnam Venkata Ramana		2. Date of Event Requiring Statement (Month/Day/Year) 03/14/2024 3. Issuer Name and Ticker or Trading Symbol DHC Acquisition Corp. [BNAI]								
(Last) (First) (Middle) 145 E. SNOW KING AVE - PO BOX 1045			4. Relationship of Reporting Issuer (Check all applicable)	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting				
			Director X Officer (give title below)							
(Street) JACKSON	WY	32001	,		See Rema	ırks		Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li	Ownership m: Direct or Indirect Instr. 5) 4. Nature of Indirect Beneficia Ownership (Instr. 5)				
						(I) (Insti	r. 5)			
No securities	owned.				0	(I) (Insti	·			
No securities	owned.				0 Securities Beneficiants, options, converti	Illy Own	ned			
No securities 1. Title of Deriv		(e.g.		s, warrai	Securities Beneficia	ally Own	ned		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

Senior Vice President of Engineering

/s/ Venkata Ramana

<u>Pinnam</u>

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.