FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL
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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

Name and Address of Reporting Person* Luck Tyler J		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) 145 E. SNO	(First) W KING A	(Middle) VE - PO BOX			Relationship of Reporting Issuer (Check all applicable)	•	,		f Amendment, ed (Month/Day/	Date of Original Year)
1045				X Director X Officer (give title below)	10% C Other below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting			
(Street) JACKSON	WY	32001	,		Chief Product	Officer			Person	by More than One Person
(City)	(State)	(Zip)								
		Та	ble I - Non	-Derivati	ve Securities Benefic	ially O	wned			
1. Title of Security (Instr. 4)					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Secu	urity (Instr. 4)	1		i	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I	Direct ndirect			
1. Title of Securities	,			i	Beneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct ndirect			
	,			erivative	Beneficially Owned (Instr. 4)	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Own		
	s owned.	(e.g.		Perivative ls, warran	Beneficially Owned (Instr. 4) 0 Securities Beneficia	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)) sion cise		

Explanation of Responses:

/s/ Tyler J. Luck

03/14/2024

** Signature of Reporting

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.