SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104

0.5

OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Estimated average burden

hours per response:

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 [*] Carrasco Ruy			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)	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)			
					Director X Officer (give title below)	Other below)	(specify	(Ch	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reportin	
(Street) JACKSON	WY	32001			See Rema	rks			Person	by More than One Person
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1	2. Amount of Securities Beneficially Owned (Instr. 4)			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)										
1. Title of Deriv	E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		4. Conver or Exer	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	ation Title Amount or Number of Shares		Security		or Indirect (I) (Instr. 5)	
Explanation of	Responses:									

Remarks:

Chief Informatics Medical Officer

/s/ Ruy Carrasco

** Signature of Reporting

03/14/2024

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.