FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

9830 Macarthur LLC		2. Date of E Requiring S (Month/Day 12/01/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol  Mohawk Group Holdings, Inc. [ MWK ]					
(Last) (First) 30 N. GOULD ST, S	(Middle) UITE R	-		4. Relationship of Reporting Issuer (Check all applicable)  Director X  Officer (give title below)			If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SHERIDAN WY  (City) (State)	82801 (Zip)				below)	` ' '	X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.0001				4,056,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Expiration		2. Date Exerc Expiration Day/\ (Month/Day/\	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversi	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security		5)	

**Explanation of Responses:** 

/s/ Jelena Puzovic, Trustee

12/08/2020

of Manager

\*\* 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.