SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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

1. Name and Ac <u>ROYAL K</u>	ddress of Reporting F	2. Date of Event R Statement (Month/ 03/04/2024		3. Issuer Name and Ticker or Trading Symbol Flux Power Holdings, Inc. [ FLUX ]						
	(First) POWER HOLDIN LROSE DRIVE CA (State)	(Middle) NGS, INC. 92081 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below) CFO and Secre	, 10% Owner Other (spec below)	(M 6.	ndividual or Joint/ plicable Line)	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned										
					nt of Securities Ily Owned (Instr. 4)	· · ·		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		e and Amount of Securities ative Security (Instr. 4)	Underlying	4. Conversion or Exercise	rcise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Kevin Royal

\*\* Signature of Reporting Person

<u>03/06/2024</u> Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.

## OMB APPROVAL