Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| 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

| 1. Name ar Benens | 2. Issuer Name and Ticker or Trading Symbol STEEL PARTNERS HOLDINGS L.P. [SPLP] | | | | | | | | | | ck all app Direct Office | onship of Reporting applicable) Director Officer (give title below) | | 10% C | | | | | | |
|--|--|---|--|--|---|--|---|--------|------------------------|---|--------------------------------|--|------------------------------|--|---|---|-------|---|---|--|
| | EL PARTI | rst) (I NERS HOLDING ENUE, 32ND FI | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | | C Ind | | , | Filis | | | |
| (Street) NEW YO | | | 0022 Zip) | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | ired (A) nstr. 3, 4 | 4 and Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | v | Amount | (A) o | Prio | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Units no par value 07/01/20 | | | | | | 022 | | | A | | 536(1) | A | | \$ <mark>0</mark> | 17,590 | | | D | | |
| Common Units no par value | | | | | | | | | | | | | | 140,425 | | | I | By Summa Holdings, Inc. ⁽²⁾ | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Code (In: (Month/Day/Year) 8) | | | | | ction of | | | Exerc ion Da 'Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (Ir | . Price of Perivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | | Date Exercis | able | Expiration Date | Title | or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. Restricted Common Units granted to the Reporting Person. These Restricted Common Units vested immediately.
- 2. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these securities in this Form 4 shall not be deemed an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or for any other purpose.

By: /s/ Maria Reda as attorney-in-fact for James

Benenson III

07/06/2022

** 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 4 (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.