FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasnington,	D.C.	20549	

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Se	ee Instruction '	10.																	
Name and Address of Reporting Person*  MoNiff John D						2. Issuer Name and Ticker or Trading Symbol STEEL PARTNERS HOLDINGS L.P. [							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
McNiff John P					SPLP ]								✓ Direct		10% Owner		ner		
(Last) (First) (Middle)					J								Officer (give title below)			Other (specify below)			
C/O STEEL PARTNERS HOLDINGS L.P.					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024														
590 MADISON AVENUE, 32ND FLOOR													6 Individual or Jaint/Croup Filing (Chook Assissable						
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person						
NEW YO	ORK N	<b>Y</b> 1	10022											filed by f					
(City)	(St	rate) (	(Zip)										Perso	on					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			Execution Date,		3. 4. Securities Acqu Transaction Disposed Of (D) (I Code (Instr. 8)				d Securities Beneficia Owned Fo	ecurities For Exercises For Exercises For Exercises For Exercises For Exercise For		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr	·. 4)	
Common Units no par value 10/01.			10/01/20	)24			A		577(1)	A	\$0	71,4	156	I	D				
Common Units no par value											73,3	73,351		, l		By Evelyn B Olin Irrevocable Trust			
Common Units no par value					45,816		:	1 .											
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 Date Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)  5. Number of Oberivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip   D) (ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				l								Amount	1						

## **Explanation of Responses:**

1. Restricted Common Units granted to the Reporting Person under the Issuer's existing director compensation program under which each non-management director receives equity compensation in the form of Restricted Common Units in four separate quarterly installments. These Restricted Common Units vested immediately.

(D)

Date Exercisable Expiration Date

> /s/ Maria Reda as attorney-infact for John P. McNiff

Number

of Shares

Title

10/02/2024

\*\* 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).

Code

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.