FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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).

(State)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defense 10b5-1(c). See Inst								
1. Name and Address Recchi Alberto	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol Shapeways Holdings, Inc. [SHPW]	(Check	all applicable)	,		
(Last) 12163 GLOBE S	(First)	2. Issuer Name and Ticker or Trading Symbol Shapeways Holdings, Inc. [SHPW] 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% X Officer (give title Other below) Chief Financial Officer 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check App X Form filed by One Reporting Person	10% Owner Other (specify below) Officer					
(Street) LIVONIA	MI	48150	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) 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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	11/20/2023		F ⁽¹⁾		11,084(2)	D	\$2.15	98,916(2)	D	
Common Stock								81,640(2)	I	By LLC ⁽³⁾

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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)	str.	Derivat Securit Acquire or Disp	Number of rivative curities (Month/Day/Year) quired (A) Disposed of () (Instr. 3, 4 d 5)		nderlying ecurity	8. Price of Derivative Security (Instr. 5) Beneficially Owned Following Reported		Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

- 1. Represents the number of shares withheld by the Issuer to satisfy the tax withholding obligation in connection with the vesting and settlement of restricted stock units.
- 2. Reflects shares adjusted to give effect to a 1-for-8 reverse stock split which was effective June 22, 2023.

(Zip)

3. The Reporting Person may be deemed to have voting and dispositive power over the securities held by Ampla Capital, LLC, and as such, may be deemed to have beneficial ownership of the securities held directly by Ampla Capital, LLC.

Remarks:

(City)

/s/ Robert Lawsky, Attorney-in-11/22/2023 **Fact**

** Signature of Reporting Person

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.