## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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hours per response... 0.5

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* Pruitt Michael D					2. Issuer Name and Ticker or Trading Symbol Amergent Hospitality Group Inc. [AMHG]						X Direct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner			
POST OFFICE BOX 470695 (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/23/2022					X_Office	X Officer (give title below) Other (specify below)  CEO					
(Street)			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person				
CHARLOTTE,, NC 28247 (City) (State) (Zip)				Table I - Non-Derivative Securities Acou					quired, Disp	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu	2A. Deemed Execution Date, if any		Code (Instr. 8)		1 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		d 5. Amour Beneficia Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	Beneficial
				(Mont	th/Day/Year	Code	: V	Amou	(A) or (D)	Prio	Ì	(I)		or Indirect (I)	Ownership (Instr. 4)
Common	Stock		08/23/2022			P		2,50	) A	\$ 0.19	54,539			I	By IRA
			Table II -				th uired,	ontaine e form Disposo	d in this displays	form s s a cur Benefic	to the collectory are not requerently valid	uired to res	spond unle	ss	1474 (9-02)
4 5714 0	_	la m	la. a		outs, calls, v									2 4 2	14.37
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Year) Execution D	ate, if	4. Transaction Code Year) (Instr. 8)	Number and		Date Exercisable and Expiration Date Month/Day/Year)		e A		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	(Instr. 4)
					Code V	(A) (		ate xercisab	Expira le Date	ation T	Amount or Number of Shares				

#### **Reporting Owners**

P. (1. O. N. /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Pruitt Michael D POST OFFICE BOX 470695 CHARLOTTE,, NC 28247	X		CEO			

### **Signatures**

/s/ Michael D. Pruitt	08/23/2022	
***Signature of Reporting Person	Date	

#### **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.