SEC Form 4	
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FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Section 16. Form 5											Estim	Estimated average burden								
obligations may continue. See Instruction 1(b).							to Contine	16(0)) of the Co			24		hours	per res	ponse:	0.5			
msuud	.uon 1(b).			File			to Sectior ion 30(h) c							54						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Jody Markopoulos Anne						Eos Energy Enterprises, Inc. [EOSE]									Directo	'	10% Owner			
																(give title		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
C/O EOS ENERGY ENTERPRISES, INC.					03/25/2021									Ch	nief Oper	rating	Officer			
3920 PARK AVENUE																				
3920 FA	KK AVENU	JE			4. If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable						
						4. II Amenument, Date of Original Flied (Month/Ddy/Tedf)								Line		onno Oroup	no oroup i ning (one or Applicable			
(Street) EDISON NJ 08820														2	X Form filed by One Reporting Person				n	
EDISON NJ 08820																Form filed by More than One Reporting				
	(0	N - 1 - N	(7:)												Person					
(City)	(5	State)	(Zip)																	
		Та	ble I - Nor	n-Deriv	ative	e Se	curities	s Aco	quired,	Dis	posed	of, o	or Bene	eficially	v Owned					
1. Title of Security (Instr. 3) 2. Trans										3. 4. Securi									7. Nature of	
				Date (Month/I	Execution Date, Day/Year) if any			Transaction Disposed			ed Of ((D) (Instr.	3, 4 and 5	4 and 5) Securities Beneficiall				Indirect Beneficial		
					(Month/Day/Year)										vned Following		str. 4)	Ownership (Instr. 4)		
							Code	v	Amount	unt (A) or P		Price	Transacti			I	(1150.4)			
															(Instr. 3 a	and 4)				
			Table II -	Deriva	tive S	Sec	urities	Acqu	uired, D	ispo	osed of	f, or	Benef	icially (Owned					
				(e.g., p	uts,	call	ls, warra	ants	, option	s, c	onvert	ible	securi	ities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numbe		6. Date Ex				itle and A		8. Price of	9. Numbe		10.	11. Nature	
		Transaction Code (Instr.				Expiration Date (Month/Day/Year)				of Securities Underlying		Derivative Security	derivativ Securitie		Ownership Form:	ip of Indirect Beneficial				
(Instr. 3) Price of (Month/Day/Year) 8				3) `		Acquired (A)		(Der	Derivative Secur		(Instr. 5)	Beneficia Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
Derivative Security					or Disposed (Instr. 3 and 4) of (D) (Instr.						4)		Followin	ollowing (I)						
		3, 4 and 5)											Reported Transact							
													A	mount		(Instr. 4)			1	

\$0.0⁽¹⁾

03/25/2021

1. (1)Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.

2. (2)The reporting person received a grant of RSUs under the Issuer's 2020 Incentive Plan, as amended from time to time, which will vest in three equal installments on each of the first three anniversaries of March 8, 2021, subject to continued service through each vesting date.

(D)

Date Exercisable

(2)

Expiration Date

(2)

Title

Commor

Stock

Remarks:

Restricted

Stock

Units

/s/ Sagar Kurada as attorney-infact for Jody Markopoulos

03/31/2021

125,000

D

** Signature of Reporting Person

Amount or

Number of Shares

125,000

Date

\$<mark>0</mark>

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

 \ast 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.

v

(A)

125,000

Code

A

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.