FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

					UI Sec	uon	50(11) 0	n the	invesin	lent C	ompany Act	01 1940							
Name and Address of Reporting Person* Kroeker Nathan						2. Issuer Name and Ticker or Trading Symbol <u>Eos Energy Enterprises, Inc.</u> [EOSE]									all appoints and all all all all all all all all all al		ng Pe	10% Ov	wner
(Last) (First) (Middle) C/O EOS ENERGY ENTERPRISES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/28/2023								X	Officer (give title below) Chief Finar		ncial	Other (speci below) acial Officer	
3920 PARK AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) EDISON NJ 08820				0										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	Ion-Derivat	tive S	ecui	rities	Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	/ Owi	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution (ear) if any		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Seci			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 07/28/202						23					4,000	A	\$2.145	1456(1)		4,000		D	
		Tab	le I	I - Derivativ (e.g., pu							posed of, convertib				Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny inth/Day/Year)	4. Transac Code (I 8)			rative rities iired r osed) r. 3, 4	Expira (Mont	6. Date Exercisable and Expiration Date (Month/Day/Year)			e and int of rities rlying ative rity 3 and 4)	Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D OI	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.125 to \$2.16, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Melissa Berube as attorney-in-fact for Nathan

07/28/2023

Kroeker

** 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.