FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |

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

|   |                                  |                     |  | 01                                    | OCC11011 00(11                           | ) or the ini  | vestment Company Act of 1940                                   |                                  |   |    |  |   |  |
|---|----------------------------------|---------------------|--|---------------------------------------|--|---|--|----------------------------------|---|----|--|---|--|
| Sta   |                                  |                     |  | of Event Requirent (Month/Day/<br>022 |  | 3. Issuer Name and Ticker or Trading Symbol  Eos Energy Enterprises, Inc. [ EOSE ]  |  |                                  |   |    |  |   |  |
| (Last) C/O EOS ENER 3920 PARK AVE (Street)  | (First)<br>GY ENTERPRISE<br>ENUE | (Middle)<br>S, INC. | _  |                                       |  | Relationship of Reporting Person(s) to Isst (Check all applicable)     Director     X Officer (give title below)     Chief Accounting O |  |                                  | 10% Owner<br>Other (specify below)                    |    | 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 |   |  |
| EDISON (City)   | NJ<br>(State)                    | 08820<br>(Zip)      | -  |                                       |  |   |  |                                  |   |    |  | ŕ |  |
| Table I - Non-Derivative Securities Beneficially Owned  |                                  |                     |  |                                       |  |   |  |                                  |   |    |  |   |  |
|   |                                  |                     |  | 2. Amount<br>Owned (In                | t of Securities Beneficially<br>astr. 4) | Di  | 3. Ownership Form:<br>Direct (D) or Indirect (I)<br>(Instr. 5) |                                  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |    |  |   |  |
| Common Stock  |                                  |                     |  |                                       |  | 8,000   |  | D                                |   |    |  |   |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |                                  |                     |  |                                       |  |   |  |                                  |   |    |  |   |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)                  |                                  | ate                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  4. Convers of Exerc |                                       | ise                                      | 5. Ownership<br>Form: Direct (D)<br>or Indirect (I)   | 6. Nature of Indirect Beneficial<br>Ownership (Instr. 5)       |                                  |   |    |  |   |  |
|   |                                  |                     | Date<br>Exercisable  | Expiration<br>Date                    | Title                                    |   |  | Amount or<br>Number of<br>Shares | Price of<br>Derivativ<br>Security                     | ve | (Instr. 5)   |   |  |

Explanation of Responses:

Remarks:

/s/Randall Gonzales as attorney-in-fact 02/14/2022

for John Tedone

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (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).

POWER OF ATTORNEY KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Melissa Berube and Randall Gonzales, and each of them, his tru

execute for and on behalf of the undersigned, in the undersigned's capacity as a representative of Eos Energy Enterprises, Inc. (the "Complete and execute any sure (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney in-fact, may be of the undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform each and every act and thing whatsoever this Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Form 3, 4 or 5 reports with real IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of the 14th day of February 2022.

Signature: /s/ John Tedone Print Name: John Tedone