SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person [*] Dickerson Michael Patrick			Date of Event R atement (Month/ 1/04/2024		3. Issuer Name and Ticker or Trading Symbol <u>Twin Vee PowerCats, Co.</u> [VEEE]					
(Last) C/O TWIN VE 3101 S. US-1 (Street) FT. PIERCE (City)	(First) EE POWERCATS FL (State)	(Middle) \$ CO. 34982 (Zip)				ionship of Reporting Person(all applicable) Director Officer (give title below) Chief Financial C	10% Owner Other (spec below)	(N 6.	lonth/Day/Year) Individual or Joint/ oplicable Line) X Form filed b	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned										
······, (······,			1-		it of Securities Ily Owned (Instr. 4)	· · ·		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conversion or Exercise	rcise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Michael Patrick Dickerson 04/05/2024

** 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 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).

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.

OMB APPROVAL