FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Kurtz Jeff	2. Date of Event Requiring Stater (Month/Day/Yea 06/18/2024	3. Issuer Name and Ticker or Trading Symbol ATLANTIC INTERNATIONAL CORP. [ SQL ]					
(Last) (First) (Middle) 270 SYLVAN AVENUE,		Issuer (Check all applicable)	(Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) ENGLEWOOD CLIFFS NJ 07632	-	Officer (give title below)	Other (spec below)	ify 6. In	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)	-						
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Ir			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
		4)	(D) or Indired (I) (Instr. 5)	et	aramp (mau.	<b>5</b> ,	
(e.g			(D) or Indired (I) (Instr. 5) ficially Owned	et	man.		
(e.g		rative Securities Bene varrants, options, con	(D) or Indired (I) (Instr. 5)  ficially Owned vertible securities of Securities ve Security  4. Con or E	et	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Jeffrey Kurtz</u> <u>06/21/2024</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.