SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and A Frischer (2. Date of E Requiring S (Month/Day)	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>Altisource Asset Management Corp</u> [AAMC]							
(Last) 3156 EAST DRIVE, NE	(First) LAURELH	(Middle) URST	06/05/202	3	Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% O		File	d (Month/Day/	,
(Street) SEATTLE	WA	98105	,							eck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
(City)	(State)	(Zip)								Reporting F	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities sially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						49,000	D				
Common Stock						1,653 I		IRA			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)					ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	رد ا	

Explanation of Responses:

Charles L Frischer

** Signature of Reporting Person

06/13/2023 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.