SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Howard John Michael			2. Date of Event Re Statement (Month/ 02/16/2024		3. Issuer Name and Ticker or Trading Symbol Atlas Energy Solutions Inc. [ AESI ]						
(Last) 5918 W. COU SUITE 500 (Street) AUSTIN	(First) JRTYARD DRIV TX	(Middle) /E 				tionship of Reporting Person( all applicable) Director Officer (give title below)	(s) to Issuer 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Interview       Interview											
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)     0)											
			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		le and Amount of Securities rative Security (Instr. 4)	Underlying	4. Convers or Exerc Price of	cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security	ve (Instr. 5)		

Explanation of Responses:

## Remarks:

See attached for Exhibit 24 - Power of Attorney.

No securities are beneficially owned.

/s/ John Michael Howard, by

Dathan C. Voelter as Attorney-in- 02/16/2024

Fact

\*\* 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