## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Fund 1 Investments, LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol TILE SHOP HOLDINGS, INC. [ TTSH ]									lationship ck all app Direc			erson(s) t			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/26/2023									Office below	er (give titl v)	le	Othe belo		pecify		
100 CARR 115 UNIT 1900				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)					Form filed by One Reporting Person  X Form filed by More than One Reporting Person																
RINCON PR 00677			Rι	ıle 1	L0b5-	1(c	) Tra	nsa	ction Ind	licatio	on '										
(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - N	lon-Deriva	tive	Sec	urities	Ac	quire	d, D	isposed o	f, or B	Benefic	ciall	y Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)					Exec if any	Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)				(Instr. 4)	
Common Stock 10/26/202					23	3		S		1,000	D	\$4.8	4,478,		3,547	I		See Footnote <sup>(1)</sup>			
Common Stock 10/30/202					23	3			S		23,000	00 D \$4.6		316	4,455,547		I		See Footnote <sup>(1)</sup>		
		Ta	ble II								posed of, convertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	e (Month/Day/Year)	Exec if an	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ation	ercisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	Ownersi Form: Direct (Dor Indire (I) (Instr.		Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amoun or Number of Shares								
		of Reporting Person* nents, LLC																			
(Last) 100 CAI UNIT 19		(First)	(1	Middle)																	
(Street) RINCON		PR 00		00677																	
(City)		(State) (Zij		ːip)																	
		of Reporting Person* Partners LLC																			
(Last) (First) (Middle) 100 CARR 115 UNIT 1900																					
(Street) RINCON		PR	C	00677		_															

### Explanation of Responses:

(State)

(Zip)

(City)

<u>/s/ Fund 1 Investments, LLC</u> <u>10/30/2023</u> <u>by: Benjamin C. Cable, Chief</u>

Operating Officer

/s/ Pleasant Lake Partners

LLC by: Fund 1 Investments, LLC, its Managing Member, 10/30/2023

by Benjamin C. Cable, Chief

\*\* Signature of Reporting Person

Operating Officer

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 4 (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.