

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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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* <u>Prime Movers Lab Fund I LP</u> <hr/> (Last) (First) (Middle) P.O. BOX 12829 <hr/> (Street) JACKSON WY 83002 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/12/2021	3. Issuer Name and Ticker or Trading Symbol <u>Momentum Inc. [MNTS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>Prime Movers Lab Fund I LP</u> <hr/> (Last) (First) (Middle) P.O. BOX 12829 <hr/> (Street) JACKSON WY 83002 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Momentum PML SPV 1 LP</u> <hr/> (Last) (First) (Middle) P.O. BOX 12829 <hr/> (Street) JACKSON WY 83002 <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>MOMENTUS PML SPV 2 LP</u> <hr/> (Last) (First) (Middle) P.O. BOX 12829

(Street)		
JACKSON	WY	83002

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>Momentum PML SPV 3 LP</u>		

(Last)	(First)	(Middle)
P.O. BOX 12829		

(Street)		
JACKSON	WY	83002

(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Jon Layman,
Authorized Person on
behalf of the General 08/16/2021
Partner of each Reporting
Person

** Signature of Reporting Date
Person

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.