

**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

1. Name and Address of Reporting Person* <u>Tikvah Management LLC</u> <hr/> (Last) (First) (Middle) 831 E. MOOREHEAD STREET SUITE 940 <hr/> (Street) CHARLOTTE NC 28202 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/27/2021	3. Issuer Name and Ticker or Trading Symbol <u>CompoSecure, Inc. [ CMPO ]</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) 04/11/2022
		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				
Class A Public Warrants	12/27/2021	12/27/2026	Class A Common Stock	2,045,337	11.5	I
						See footnote <sup>(1)</sup>

1. Name and Address of Reporting Person\*  
Tikvah Management LLC  


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 (Last) (First) (Middle)  
 831 E. MOOREHEAD STREET  
 SUITE 940  


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 (Street)  
 CHARLOTTE NC 28202  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
COHEN DAVID I  


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 (Last) (First) (Middle)  
 C/O TIKVAH MANAGEMENT LLC  
 831 E. MOOREHEAD STREET, SUITE 940  


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 (Street)  
 CHARLOTTE NC 28202  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Ezrah Charitable Trust

(Last) (First) (Middle)

831 E. MOOREHEAD STREET  
SUITE 940

(Street)

CHARLOTTE NC 28202

(City)

(State)

(Zip)

**Explanation of Responses:**

1. These securities are owned directly by clients of Tikvah Management LLC ("Tikvah") and may be deemed to be indirectly beneficially owned by Tikvah and David Cohen, the managing member of Tikvah.

**Remarks:**

Each Reporting Person disclaims beneficial ownership in the securities reported on this Form 3 except to the extent of its or his pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Tikvah Management LLC,

By: /s/ David Cohen, 04/25/2022

Managing Member

/s/ David Cohen 04/25/2022

The Ezra Charitable

Trust, By: /s/ David 04/25/2022

Cohen, Trustee

\*\* 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.**