SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
I									
	OMB Number:	3235-0287							
	Estimated average burden								
	hours per response:	0.5							

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

Instruc	tion 1(b).			Fileo						ties Exchange mpany Act of		934		<u> </u>			
1. Name and Address of Reporting Person [*] Energy Transition Holdings LLC						2. Issuer Name and Ticker or Trading Symbol <u>New Fortress Energy Inc.</u> [NFE]							Relationshi Check all app Direc	,		son(s) to Is 10% Ov	
(Last) 157 CHU FLOOR	`	irst) (i REET, 20TH	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/19/2022								Officer (give title below)		Other (s below)		
(Street)	4. If Amendment, Date of Original Filed (Month/Day/Year)							filed by One	e Rep	orting Perso	on						
		Table	I - No	on-Deriva	tive S	Secur	rities Acc	luired	, Dis	sposed of	, or Bei	nefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date, Transaction Disposed Of (D) (Instr. 3,				d Securi Benefi Owned	Securities Beneficially		r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price	Transa	iction(s) 3 and 4)			Instr. 4)		
Class A C	Common S	tock		12/19/2	.022			S		6,900,000) D	\$45.	.56 25,5	559,846		D ⁽¹⁾	
		Та	ble II -							osed of, o				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expira (Month	tion D		7. Title an Amount of Securitie Underlyin Derivativ Security 3 and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)

		Code	v	(A)		Expiration Date	Amount or Number of Shares		
	*								

1. Name and Address of Reporting Person^{*} <u>Energy Transition Holdings LLC</u>

	0-	
(Last) 157 CHURCH S	(First) TREET, 20TH	(Middle)
FLOOR		
(Street)		
NEW HAVEN	СТ	06510
(City)	(State)	(Zip)
	s of Reporting Person [*] in Partners LLC	
(Last) 10 STATION PL	(First) ACE, P.O. BOX 233	(Middle)
(Street)		
NORFOLK	СТ	06058
(City)	(State)	(Zip)
1. Name and Addres Thomson Ale	s of Reporting Person [*] <u>xander</u>	
(Last) 10 STATION PL	(First) ACE, P.O. BOX 233	(Middle)
(Street)		

NORFOLK	СТ	06058
(City)	(State)	(Zip)
1. Name and Addre Rotolo Jonat	son*	
(Last) 10 STATION P	(First) LACE, P.O. BO≯	(Middle) (X 233
(Street) NORFOLK	СТ	06058
(City)	(State)	(Zip)

Explanation of Responses:

1. Great Mountain Partners LLC is the manager of Energy Transition Holdings LLC. Jonathan Rotolo and Alexander Thomson are the managers of Great Mountain Partners LLC and, in that capacity, have voting and dispositive power over the Class A Shares held by Energy Transition Holdings LLC and therefore may be deemed to beneficially own such shares. Each of Great Mountain Partners LLC, Mr. Rotolo and Mr. Thomson disclaims beneficial ownership of the shares held by Energy Transition Holding LLC, except to the extent of its or their pecuniary interest therein, if any.

Energy Transition Holdings LLC By: Great Mountain Partners, LLC, its manager By: /s/ Jonathan Rotolo,	<u>12/21/2022</u>
Manager	
Great Mountain Partners, LLC	2
<u>By: /s/ Jonathan Rotolo,</u>	12/21/2022
Manager	
/s/ Alexander Thomson	12/21/2022
<u>/s/ Jonathan Rotolo</u>	12/21/2022
** 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 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.