SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

3235-OMB Number: 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 <sup>*</sup> DODGE DAVID A			2. Date of E Requiring S (Month/Day 01/01/202	itatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Sono Group N.V.</u> [SEVCD]					
(Last) (First) (Middle) WALDMEISTERSTRASSE 93				4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	10% C	) wner (specify	File 6. lı (Ch	<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting</li> </ul>		
(Street) MUNICH (City)	2M (State)	80935 (Zip)				Delow			Person 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. Own Form: I (D) or I	3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		Conver or Exer		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	mber		Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

No securities are beneficially owned.

## /s/ David Dodge

Date

01/16/2025

\*\* Signature of Reporting 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.