FORM 3

## 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

Name and Address of Reporting Person*     Pan Yixin	3. Issuer Name and Ticker or Trading Symbol  Microvast Holdings, Inc. [ MVST ]								
(Last) (First) (Middle) 12603 SOUTHWEST FREEWAY SUITE 300  (Street) STAFFORD TX 77477  (City) (State) (Zip)	. 10/18/2024		4. Relationship of Reporting Issuer (Check all applicable)  Director  Officer (give title below)	10% C	owner (specify (CI	<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 Person</li> <li>Form filed by More than One Reporting Person</li> </ul>			
(City) (State) (Zip)  Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)		2	. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Inst	ership 4. No Direct Own	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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)		ate	Underlying Derivative Security (Instr. 4) Conv		Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Yixin Pan

11/21/2024

\*\* 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.