FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  Alexander Sarah Beth		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/23/2021  3. Issuer Name and Ticker or Trading Symbol Microvast Holdings, Inc. [ MVST ]						
(Last) (First) 12603 SOUTHWEST FRE	(Middle) EEWAY			4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, ed (Month/Day/	Date of Original 'Year)
SUITE 210				Director  X Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting		
(Street) STAFFORD TX	77477			General Co	unsel			Person	by More than One Person
(City) (State)	(Zip)								
	Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned			
1. Title of Security (Instr. 4)									
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 1)	Form: [ (D) or Ir	Direct ndirect		ature of Indire ership (Instr.	
Title of Security (Instr. 4)  Class A Common Stock				Beneficially Owned (Instr.	Form: [ (D) or Ir	Direct ndirect r. 5)			
, ,			erivative	Beneficially Owned (Instr. 1)	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Own		
, ,	(e.g.		erivative Is, warrar	3eneficially Owned (Instr. 4)  1,000  Securities Beneficia	Form: E (D) or II (I) (Insti	Direct ndirect r. 5)	Sion		

**Explanation of Responses:** 

/s/ Sarah Alexander

07/26/2021

\*\* 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.