SEC Form 4

	FORM	4	UNIT	ED STAT	ES	SECI		ES A ington, [NGE	COM	NISSIO	۲ 			
to Section 16. Form 4 or Form 5 obligations may continue. See				-	IT OF CHANGES IN BENEFICIAL OWNERS							RSHIP	SHIP OMB APPROV OMB Number: 32 Estimated average burden hours per response:		3235-0287		
	()			Filed	or S	ection 30	D(h) of the	Ínvestr	nent C	company Act o							
1. Name and Address of Reporting Person [*] Singleton Philip Austin Jr.												5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title X Other (specify below) CEO / See Remarks				wner	
(Last) (First) (Middle) 6275 LANIER ISLANDS PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 02/07/2022												
(Street) BUFORD GA 30518				4. lf.								. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person					
(City)	(St	ate)	(Zip)		X Form filed by More than One Repo							orting					
			ole I - N	lon-Deriva				-	d, Di				-				
1. Title of	. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t Ind ect Bei Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 ar			Ľ	
Class A o	common sto	ock, par value	\$0.01	02/07/20	22			F ⁽¹⁾⁽²⁾		1,300	D	\$49.38	214,5	510	D		
Class A o	common sto	ck, par value	\$0.01	09/30/20	22			F ⁽²⁾		7,987	D	\$32.37	206,5	523	D		
Class A o	common sto	ck, par value	\$0.01	10/01/20	22			F ⁽²⁾		14,731	D	\$30.11	191,7	792	D		
Class A o	common sto	ck, par value	\$0.01	10/01/20	22			A ⁽³⁾		19,927	Α	\$ <mark>0</mark>	211,7	719	D		
Class A o	common sto	ock, par value	\$0.01										521,8	391	I		v Auburi WMH, .C
Class A (common sto	ck, par value	\$0.01										481,4	134	I	Sin Irr Tr Da De	Austin ngleton evocabl ust, ated ecember , 2015
Class A (common sto	ck, par value	\$0.01										345,0	578	I	Sii Irr Tr Da De	v Philip ngleton evocabl ust, ited ecember , 2015
		•	Table I	I - Derivati (e.g., pu						posed of, convertit				ł			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	ar) Exe	Deemed cution Date, y nth/Day/Year)		action (Instr.	5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	ber 6. Date E Expiratio (Month/E ed			Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive Ow ies For ially Dire or I ng (I) (ed ction(s)	nership m: ect (D) ndirect nstr. 4)	11. Natu of Indire Benefic Owners (Instr. 4)

Amount or Number of Shares

Title

Expiration Date

Date Exercisable

(D)

(A)

Code V

(Street) BUFORD GA 30518

(Middle)

1. Name and Address of Reporting Person^* Singleton Philip Austin Jr.

6275 LANIER ISLANDS PARKWAY

(First)

(Last)

(City)	(State)	(Zip)						
1. Name and Address of Reporting Person [*] Auburn OWMH, LLLP								
(Last)	(First)	(Middle)						
6275 LANIER ISL	ANDS PARKWAY							
(Street)								
BUFORD	GA	30518						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person [*] Singleton Asset Management, LLC								
(Last) 6275 LANIER ISL	(First) ANDS PARKWAY.	(Middle)						
(Street)								
BUFORD	GA	30518						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person [*] Singleton Michelle								
(Last) 6275 LANIER ISL	(First) ANDS PARKWAY.	(Middle)						
(Street) BUFORD	GA	30518						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person [*] <u>Philip Singleton Irrevocable Trust, dated</u> <u>December 24, 2015</u>								
(Last)	(First)	(Middle)						
6275 LANIER ISL	ANDS PARKWAY							
(Street) BUFORD	GA	30518						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person [*] Austin Singleton Irrevocable Trust, dated December 30, 2015								
(Last)	(First)	(Middle)						
6275 LANIER ISL	ANDS PARKWAY							
(Street) BUFORD	GA	30518						
(City)	(State)	(Zip)						
I								

Explanation of Responses:

1. This is a reporting of an inadvertent late filing of a Form 4 due to administrative error.

2. Represents shares withheld to cover tax withholding obligations in connection with the vesting of previously reported restricted stock units.

3. Award of restricted stock units pursuant to the OneWater Marine Inc. 2020 Omnibus Incentive Plan. The award vests in three installments on October 1, 2023, October 1, 2024 and October 1, 2025, subject to continued employment through the applicable vesting date.

Remarks:

Member of 10% ownership group.

 /s/ Jack Ezzell, Authorized

 Signatory for Phillip Austin

 Singleton, Jr.

 /s/ Jack Ezzell, as Attorney-in

 10/04/2022

 Fact for Michelle Singleton, as

 Manager of Singleton Asset

Management, LLC, in its capacity as general partner of Auburn OWMH, LLLP	
/s/ Jack Ezzell, as Attorney-in- Fact for Michelle Singleton, as Manager of Singleton Asset Management, LLC	10/04/2022
/s/ Jack Ezzell, as Attorney-in- Fact for Michelle Singleton	10/04/2022
/s/ Jack Ezzell, Attorney-in- Fact for Scott Beville, as Co- Trustee of Philip Singleton Irrevocable Trust, dated December 24, 2015	<u>10/04/2022</u>
/s/ Jack Ezzell, Attorney-in- Fact for Scott Beville, as Co- Trustee of Austin Singleton Irrevocable Trust, dated December 30, 2015	<u>10/04/2022</u>
** 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.