FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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*     Schofield Kent	2. Date of E Requiring S (Month/Day, 09/03/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol Banzai International, Inc. [BNZI]						
(Last) (First) (Middle) 435 ERICKSEN AVE, SUITE 250	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		•	5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) BAINBRIDGE WA 98110  (City) (State) (Zip)			Officer (give title below)	10% C Other below)	(specify		eck Applicable Form filed I Person	by One Reporting	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	Form: [ (D) or li	Direct ndirect				
Title of Security (Instr. 4)  Class A Common Stock			Beneficially Owned (Instr.	Form: [ (D) or li	Direct ndirect r. 5)				
Class A Common Stock		erivative	Beneficially Owned (Instr. I)	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)	Own			
Class A Common Stock		erivative s, warran	Seneficially Owned (Instr. 1)  2,070  Securities Beneficia	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)	Sion			

**Explanation of Responses:** 

/s/ Kent Schofield,

**Director** 

\*\* Signature of Reporting Person 09/25/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.