FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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	d Address of Rep ephen M	2. Date of E Requiring S (Month/Day 03/07/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol MARKETWISE, INC. [MKTW]						
(Street)	(First) CHARLES ST ORE MD (State)	(Middle) TREET 21201 (Zip)	=		4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Financial		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)		3. Own Form: I (D) or II (I) (Inst	Direct O	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 Se Underlying Derivative Se (Instr. 4)			4. Conversion	ise Form:	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:

Remarks:

No securities are beneficially owned.

<u>/s/ Gary Anderson,</u> <u>Attorney-in-fact</u>

of Doporting

** Signature of Reporting Person

Date

03/17/2023

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.