FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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. Name and Address of Reporting Person* <u>Tongue Glenn H</u>	2. Date of E Requiring S (Month/Day	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol MARKETWISE, INC. [MKTW]							
(Last) (First) (Middle) 1125 N. CHARLES STREET	_ 05/01/202	3	Relationship of Reporting Issuer (Check all applicable) X Director Officer (give	Person(s) to 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) BALTIMORE MD 21201 (City) (State) (Zip)	-		title below)	below)	geomy		eck Applicable Form filed l Person	by One Reporting		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Class A Common Stock			5,991	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Co		Convers or Exerc	cise	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:

Remarks:

/s/ Gary Anderson, Attorney-in-fact

05/11/2023

** 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.