FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL							
OMB Number:	3235-0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

							vestment company ret or 1546							
1. Name and Address Fleischman Da			2. Date of Eve Statement (M 02/06/2023	Month/Day/\			Name <b>and</b> Ticker or Trading Symbosic [ ANGI ]	bol						
(Last) C/O ANGI INC. 3601 WALNUT S	(First) TREET, SUITE 700	(Middle)	-				onship of Reporting Person(s) to Iss ill applicable) Director Officer (give title below)	10	10% Owner Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)     Individual or Joint/Group Filing (Check Applicable Line)			
(Street) DENVER (City)	CO (State)	80205 (Zip)				Chief Product Office			ficer		X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(ZIP)												
Table I - Non-Derivative Securities Beneficially Owned														
				2. Amount Owned (In	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
Expi		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		lying C	Co		ion ise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Expiration Date		Title			Amount or Number of Shares	Price of Derivative Security		(Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Shannon M. Shaw as Attorney-in-Fact 02/06/2023 for David E. Fleischman

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> 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).

POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Shannon M. Shaw and Christopher W. Bohnert, signing singly, as his true and lawful attempts (1) execute for and on behalf of the undersigned Form ID, Forms 3, 4, and 5 and any amendments to previously filed forms as necessary or desiral (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete the execution of any (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of below the contraction of th

(4) seek or obtain, in connection with the forgoing, as the undersigned's attorney-in-fact and on the undersigned's behalf, information regard

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever: This Power of Attorney does not relieve the undersigned from responsibility for compliance with the undersigned's obligations under the Exchance

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 1st day of February, 2023.

/s/ David Fleischman Name: David Fleischman