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

1. Name and Address of Reporting Person* LIVEK WILLIAM PAUL			2. Date of E Requiring S (Month/Day 01/05/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol Red Violet, Inc. [RDVT]						
l	(First) //OLET, ING LITARY TR FL (State)	(Middle) C. AAIL, SUITE 33431 (Zip)	-		Issue	ck all applicable)	10% C) wner (specify	File 6. I	ndividual or Jo leck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownersi Form: Dire (D) or Indir (I) (Instr. 5)		Direct ndirect	ct Ownership (Instr. 5)			
Common Stock						100	I)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		curity Convers		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiratior Date	Title	•	Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ William Livek

01/09/2024

** 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.