FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APF	PROVAL					
OMB Number:	3235-0287					
Estimated average	burden					
hours nor rospons	· 0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Nightengale Caryn M.					2. Issuer Name and Ticker or Trading Symbol Nxu, Inc. [NXU]									ck all app	,	ng Pers	son(s) to Is		
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023								Office	er (give title v)		Other (s below)	specify		
C/O NXU, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
1828 N.	HIGLEY R	D., SUITE 116										1 1	X Form filed by One Reporting Person						
												'	X Form filed by One Reporting Person Form filed by More than One Reporting						
(Street)													Perso	one Repo	orting				
MESA	AZ	. 8	5205		D. In 40h E. 4(a) The constitution in direction														
					Kui	Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (Z	<u>Z</u> ip)													uction or writt	en plan	that is inter	nded to
					L	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired.	Dis	posed of	, or I	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	Amount	(A (D) or	Price	Transa	action(s) 3 and 4)			(1130.4)			
Class A Common Stock 09/15			09/15/2	2023				A		194,444 ⁽	1)	A	(2)	569,442		142 D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any (Month/Day/Year) Code (Ins			of Expira			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		str.	Price of erivative ecurity nstr. 5)	tive derivative ty Securities	Ownersh Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
							Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber							

Explanation of Responses:

- 1. The Reporting Person is eligible to receive \$35,000 of Restricted Stock Units each quarter. The number of Restricted Stock Units granted each quarter will be calculated by dividing \$35,000 by the closing share price on the first trading day immediately preceding the 15th day of the last month of each quarter, and will vest on the last business day of such quarter. On September 15, 2023, the Reporting Person was granted 194,444 Restricted Stock Units, which vest on September 30, 2023.
- $2. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ Class \ A \ common \ stock \ of \ Nxu, \ Inc.$

Remarks:

/s/ Apoorv Dwivedi, as attorney-in-fact

09/19/2023

** 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 4 (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.