FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UIVID APP	TOVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(0). 0	ee instruction	10.																	
1. Name and Address of Reporting Person* TAN CHENLONG				2. Issuer Name and Ticker or Trading Symbol iPower Inc. [IPW]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
IAN CHENLONG													V	Direct	tor	V	10% O	wner	
														Į.		er (give title		Other (specify
(Last) (First) (Middle)				3. Da	Date of Earliest Transaction (Month/Day/Year)								1 "	belov	′		below)		
C/O IPOWER INC.					11/26/2024								CEO & Chairman						
8798 9TH STREET																			
(0, 1)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)	0				1									Line	_			•	``
RANCH	\sim	A 9	1730		1									V	Form	filed by On	e Rep	orting Pers	on
CUCAM	IONGA				1											filed by Mo	re tha	n One Rep	orting
,					1										Perso	on			
(City)	(S	tate) (2	<u>Z</u> ip)		1														
		-							· .					<u>.</u>					
		Table	I - NO	n-Deriva	itive 8	secu	rities	Acc	luired	, DIS	posed of	, or E	sene	riciai	ly Own	ea			
1. Title of	Security (Ins	str. 3)		2. Transac	Execution Date, Transaction Disposed Of (D) (Instr. 3,						6. Ownership		7. Nature of Indirect Beneficial						
				Date (Month/Da															
[······					,,	(Month/Day/Year) 8)					Owned	Following		nstr. 4)	Ownership				
					Code V Amount (A) or P				Reported Transaction(s)					(Instr. 4)					
									Code	ľ	Amount	(D)		iice	(Instr. 3	3 and 4)			
Common	Stock			11/26/2	2024				P		10,000	A	. \$	0.685	5 8,0	73,334		D	
Table II. Devivative Securities Assuring Dispersed of an Developin III. Oversed																			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
						, iio, i	_							÷					1
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. De		4. Transaction		5. Number of Derivative		6. Date Exercisable a Expiration Date			ble and 7. Title and Amount of			. Price of erivative	9. Number of derivative		10. Ownership Form:	Beneficial
Security	or Exercise	(Month/Day/Year)	if any	f any ´		Instr.			(Month/Day/Year)			Securities		s	ecurity	Securities			
(Instr. 3) Price of (Month/Da					8)	8)		Securities Acquired					Underlying Derivative		nstr. 5) Benefici Owned			or Indirect	
	Security				((A) or		Securit			rity (In	str.		Following		(I) (Instr. 4)	(,	
								Disposed of (D) (Instr. 3, 4					3 and 4)			Reported Transaction(s)		1	
																(Instr. 4)			
					and 5)								_						
											Amount		unt						
							_		Number		oer								
					Code V (A) (D)			Date Expiration Exercisable Date 1		of Title Shares		s							
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Explanation of Responses:

/s/ Chenlong Tan

11/27/2024

** 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 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.