FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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* <u>Ahrens Christian</u>	2. Date of E Requiring S (Month/Day, 12/23/202	tatement /Year)	Atement (Year) Ventoux CCM Acquisition Corp. [VTAQU]						
(Last) (First) (Middle) C/O VENTOUX CCM ACQUISITION CORP. 1 EAST PUTNAM AVENUE, FLOOR 4 (Street) GREENWICH CT 06830 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner -	Person	oint/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)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			22,500	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 an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Conversi or Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

/s/ Christian Ahrens

12/23/2020

** Signature of Reporting

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.