FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Archos George Peter						2. Issuer Name and Ticker or Trading Symbol Verano Holdings Corp. [VRNOF]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 224 WEST HILL STREET, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 12/19/2023								X Officer (give title Other (specify below) Chief Executive Officer						
(Street) CHICAGO IL 60610 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	Rule 10b5-1(c) Transaction Indication 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.													ded to					
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				n 2 Eear) i	2A. Deemed Execution Date,		3. Ti C	3. Transaction Code (Instr.		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								С	ode	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 and					
Class A Subordinate Voting Shares 12/19/20				12/19/202	23				S ⁽¹⁾		10,281	D	\$3.85(2)	14,279,	,299	D			
Class A Subordinate Voting Shares													4,420,790		I		By Archos Capital Group, LLC		
Class A Subordinate Voting Shares														22,225,	,852	I		By Copp Trust	perstone
Class A Subordinate Voting Shares														10,154,606		I		By GP Management Group, LLC	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Deri		ties red sed 3, 4	Exp	iration	ercisable and Date y/Year)	Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr. d 4)	Derivative Security Sec (Instr. 5) Ben Owr Foll Rep Trar (Ins		urities pericially led or licony or licony or licony saction(s)		ership : t (D) lirect str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A)		(D)	Date Exercisab		Expiration le Date	n Title	or Number of						

Explanation of Responses:

- 1. This transaction was effected pursuant to sell-to-cover requirements of the Issuer.
- 2. Represents a weighted average sale price for multiple sale transactions ranging from \$3.705 to \$4.051 per share, as converted from Canadian dollars. The Reporting Person hereby undertakes to provide upon request to the SEC staff; the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Kevan Fisher, Attorney-in-12/21/2023 **Fact**

** 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.