FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  Kelleher Kimberly	Requiring S (Month/Day	2. Date of Event Requiring Statement Month/Day/Year) 10/22/2021  3. Issuer Name and Ticker or Trading Symbol Redbox Entertainment Inc. [ RDBX ]					
(Last) (First) (Middle) C/O REDBOX ENTERTAINMENT INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
1 TOWER LANE, SUITE 800			Officer (give title below)	Officer (give Other (s		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person	
OAKBROOK TERRACE IL 60181	,						by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Beneficially Owned (Instr. I)	(D) or Ir	Direct of	Ownership (Instr.	5)
		erivative	, ,	(D) or II (I) (Insti	Direct ndirect r. 5)	Ownership (Instr.	5)
(e.g.		erivative s, warran	Securities Beneficia	(D) or II (I) (Insti Ily Own ble sec	Direct ndirect r. 5)	5.	6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Kimberley Kelleher 10/26/2021

\*\* 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.