SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Jain Anshu	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/11/2021 3. Issuer Name and Ticker or Trading Symbol <u>CF Acquisition Corp. VIII</u> [CFFE]					
(Last) (First) (Middle) C/O CF ACQUISITION CORP. VIII			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
110 EAST 59TH STREET (Street) NEW	-		X Director X Officer (give title below) Presider	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One	
YORK NY 10022 (City) (State) (Zip)	_					Reporting	
١	able I - Non	-Derivativ	ve Securities Benefi	cially O	wned		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
(e.			Securities Beneficiants, options, convert				
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da	ate	3. Title and Amount of Securitie: Underlying Derivative Security (Instr. 4)		4. Convers or Exerc		6. Nature of Indirect Beneficial Ownership (Instr.
	(Month/Day/\				Price of	Direct (D)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

s	An	shu	Jain	

** Signature of Reporting Person

03/11/2021

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.