

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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Estimated average burden				
nours per response	e 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

(Print or Type Responses)								
Name and Address of Reporting Person*  Williams Amber	Statement (M	2. Date of Event Requiring Statement (Month/Day/Year) 11/18/2020		3. Issuer Name and Ticker or Trading Symbol Freedom Holding Corp. [FRHC]				
(Last) (First) (Middl 324 SOUTH 400 WEST, SUITE 250	e)			4. Relationship of Issuer	1 2	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SALT LAKE CITY, UT 84101				(Check _X_ Director Officer (give titl below)	all applicable)  eOther (specification)	cify Applicable _X_Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip	)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock		0			D			
unless the form	class of securities berespond to the colle displays a currentive Securities Be	ection of atly valid	information OMB cont	on contained in t trol number.		·		
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		Date S	3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4)		Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expressible Expressible Date	piration te T	Amour Shares	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
Danarting Owners								

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Williams Amber 324 SOUTH 400 WEST SUITE 250 SALT LAKE CITY, UT 84101	X				

## **Signatures**

/s/ Amber Williams	12/16/2020
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.