FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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

1. Name and Address of Reporting Person* SHAH CAPITAL MANAGEMENT						2. Issuer Name and Ticker or Trading Symbol Emeren Group Ltd [SOL]									lationship ck all app Direc	,	ng Pe	. ,		
(Last) 8601 SIX	(Last) (First) (Middle) 8601 SIX FORKS ROAD				3. Date of Earliest Transaction (Month/Day/Year) 11/22/2023									Office below	′	X irma	below)	specify		
SUITE 630						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
RALEIG	H NO	2	27615				Form filed by More than One Reporting Person											orting		
(City) (State) (Zip)					Ru	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.														
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quirec	l, Dis	posed of	or E	Bene	ficiall	y Own	ed				
Date				2. Transacti Date (Month/Day	/Year) Executi		ıtion Date,				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		and Securit		ties Fo cially (D I Following (I)		n: Direct	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Transa	orted saction(s) tr. 3 and 4)			(Instr. 4)	
American Depositary Shares 11/22/20					023				P		168,795(1)	A	\$	2.28(2)	17,6	601,723 ⁽³⁾		I	Refer to Footnote	
American Depositary Shares 11/24/20					023				P		99,219(1)	A	\$	2.34(2)	17,700,942 ⁽³⁾				Refer to Footnote 3	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		erivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date Title Amo or Num of Shar		ber							

Explanation of Responses:

- 1. Represents ADRs bought in Shah Capital Opportunity Fund LP
- 2. The price reported in Column 4 is a weighted average price. These shares were bought in multiple transactions at prices ranging from \$2.20 to \$2.36, inclusive of commissions. The Reporting Person undertakes to provide the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares bought at each separate price within the range set forth therein.
- 3. Total ADRs beneficially owned by Shah Capital Management.

Himanshu H. Shah

11/27/2023

** 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.