

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

☐ 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>AE RED HOLDINGS, LLC</u> (Last) (First) (Middle) <u>C/O AE INDUSTRIAL PARTNERS, LP</u> <u>6700 BROKEN SOUND PKWY NW</u> (Street) <u>BOCA RATON FL 33487</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Redwire Corp [RDW]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/22/2025</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, par value \$0.0001 per share	07/22/2025		A		9,169 ⁽¹⁾	A	\$0.00	85,494,346	I	See footnotes ⁽²⁾⁽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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person * <u>AE RED HOLDINGS, LLC</u> (Last) (First) (Middle) <u>C/O AE INDUSTRIAL PARTNERS, LP</u> <u>6700 BROKEN SOUND PKWY NW</u> (Street) <u>BOCA RATON FL 33487</u> (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>GREENE MICHAEL ROBERT</u> (Last) (First) (Middle) <u>C/O AE INDUSTRIAL PARTNERS, LP</u> <u>6700 BROKEN SOUND PKWY NW</u> (Street) <u>BOCA RATON FL 33487</u> (City) (State) (Zip)		
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1. Name and Address of Reporting Person *

[ROWE DAVID H.](#)

(Last) (First) (Middle)

[C/O AE INDUSTRIAL PARTNERS, LP](#)
[6700 BROKEN SOUND PKWY NW](#)

(Street)
[BOCA RATON](#) [FL](#) [33487](#)

(City) (State) (Zip)

1. Name and Address of Reporting Person *

[AE INDUSTRIAL PARTNERS FUND II-B, LP](#)

(Last) (First) (Middle)

[C/O AE INDUSTRIAL PARTNERS, LP](#)
[6700 BROKEN SOUND PKWY NW](#)

(Street)
[BOCA RATON](#) [FL](#) [33487](#)

(City) (State) (Zip)

1. Name and Address of Reporting Person *

[AE INDUSTRIAL PARTNERS FUND II, LP](#)

(Last) (First) (Middle)

[C/O AE INDUSTRIAL PARTNERS, LP](#)
[6700 BROKEN SOUND PKWY NW](#)

(Street)
[BOCA RATON](#) [FL](#) [33487](#)

(City) (State) (Zip)

1. Name and Address of Reporting Person *

[AE INDUSTRIAL PARTNERS FUND II-A, LP](#)

(Last) (First) (Middle)

[C/O AE INDUSTRIAL PARTNERS, LP](#)
[6700 BROKEN SOUND PKWY NW](#)

(Street)
[BOCA RATON](#) [FL](#) [33487](#)

(City) (State) (Zip)

1. Name and Address of Reporting Person *

[AEROEQUITY GP, LLC](#)

(Last) (First) (Middle)

[C/O AE INDUSTRIAL PARTNERS, LP](#)
[6700 BROKEN SOUND PKWY NW](#)

(Street)
[BOCA RATON](#) [FL](#) [33487](#)

(City) (State) (Zip)

Edge Autonomy Ultimate Holdings, LP

C/O AE INDUSTRIAL PARTNERS, LP
6700 BROKEN SOUND PKWY NW

(City) (State) (Zip)

1. Consists of restricted stock units granted to Michael Robert Greene in his capacity as a member of the Issuer's Board of Directors and, subject to his continued service through the vesting date, the reported securities will vest in a single installment on July 22, 2026 and be assigned to AE Industrial Partners, LP. Prior to such vesting and assignment, Michael Robert Greene will hold the reported securities for the benefit of AE Industrial Partners, LP and he disclaims all right title and interest in such securities.

3. Each of the foregoing entities and individuals disclaims beneficial ownership of the shares reported hereby, except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

Kirk Michael Konert and Michael Robert Greene serve as Managing Partners of AE Industrial Partners, LP and AE Industrial Partners, LP may, therefore, be considered a director of the Issuer by deputization.

** Signature of Reporting Person Date

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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.