## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvaoriirigiori,	D.O.	_00.0

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

	tion 1(b).										mpany Act o		_							
1. Name and Address of Reporting Person*  Saba Capital Management, L.P.						2. Issuer Name and Ticker or Trading Symbol SELINA HOSPITALITY PLC [ SLNA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/22/2024									Officer (give title Other (specify below) below)					
405 LEXINGTON AVENUE 58TH FLOOR				_	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street) NEW YORK NY 10174						X Form filed by Person											re tha	an One Rep	oorting	
						Rule 10b5-1(c) Transaction Indication														
(City)	111						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			_			uired	, Dis	posed of				/ Own	ed				
Date		2. Transac Date (Month/Da	n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				( <b>.</b>	
Common				04/22/2							78,670	D	+	\$0.059	55,259,282		I		-	
Common	Stock			04/23/2				S		895,701	1 D \$		\$0.055	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,581 I		-		
		Та	ble II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		n Date e (Month/Day/Year) if		emed tion Date, n/Day/Year)		ransaction Code (Instr.				Exerction Da //Day/\		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or	ount nber res						
		of Reporting Person* anagement, L					·													
(Last) 405 LEX 58TH FI		(First) AVENUE	(Mi	iddle)																
(Street) NEW Y	ORK	NY	10	174																
(City)	) (State) (Zip)																			
	nd Address o	of Reporting Person*																		
(Last) 405 LEX 58TH FI		(First) AVENUE	(Mi	iddle)																
(Street) NEW Y	ORK	NY	10	174		-														

**Explanation of Responses:** 

(State)

(Zip)

(City)

William Manzolillo Boaz Weinstein

04/29/2024 04/29/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.