Instruction 1(b).

FORM 4

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
---

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

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

Name and Address of Reporting Person*     Rosen Mickie				2. Issuer Name and Ticker or Trading Symbol FaZe Holdings Inc. [ FAZE ]							(Ch	eck all app	ionship of Reporting Pe all applicable) Director		10% Ov	ner		
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/19/2023								Office below	er (give title v)		Other (s below)	pecify
C/O FAZE HOLDINGS INC. 720 N. CAHUENGA BLVD.					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person				
(Street) LOS ANGEL	ES CA	<b>A</b> 9	0038		Rul	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication												orting
(City)	(Sta	ate) (Z	Zip)			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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution if any		ution [			3. Transaction Code (Instr. 8)  4. Securitie Disposed Code (Society Code (Code Code Code Code Code Code Code Code		es Acquired (A) of (D) (Instr. 3, 4 a		A) or B, 4 and	Benefi Owned	ties cially I Following	6. Own Form: I (D) or I (I) (Inst	Direct of ndirect of tr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A (D	) or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			07/19/2	2023		A		240,732(	732 <sup>(1)</sup> A		\$ <mark>0</mark>	260,732		D			
	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	ise (Month/Day/Year) if any Code 8)		Transa Code (	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 (Inst 3 and 4)		ıstr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Date Exercis	sable	Expiration Date	Title	Amour or Number of Title Shares							

## **Explanation of Responses:**

1. Represents a grant of restricted stock that vests in three equal annual installments on each of the first three anniversaries of July 19, 2023, subject to the Reporting Person's continued service to the Issuer through the applicable vesting dates. This late filing is due to an inadvertent administrative error and not any error of the reporting person.

/s/ Kyron Johnson, as Attorney-In-Fact \*\* Signature of Reporting Person

02/26/2024

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.