FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Simer Elizabeth Ann		2. Date of Event Requiring Statement (Month/Day/Year) 11/17/2025	l	3. Issuer Name and Ticker or Trading Symbol Bitcoin Depot Inc. [BTM]				
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) The state of the state			5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O BITCOIN DEPOT INC., 2870 PEACHTREE ROAD NE, SUITE 327		x	Officer (give title below) Chief Operating O	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) ATLANTA	GA	30305				3	Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	erivative (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Christopher Ryan, as attorneyin-fact for Elizabeth Simer 12/09/2025

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).