FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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 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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* OXFORD ASSET MANAGEMENT LLP					2. Issuer Name and Ticker or Trading Symbol KBL MERGER CORP. IV [KBLM]							5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) OXAM HOUSE, 6 GEORGE STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/07/2019								Office	r (give title belo	ow)	Other (specify	below)	
OXFORD, X0 OX1 2BW				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own								Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)				(Instr. 8)		etion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Bei	Beneficially Owned Reported Transaction		Following	Form:	7. Nature of Indirec Beneficia		
				(Mont	th/Day/Y	ear)	Со	ode	V	Amoun	(A) or t (D)	Prio	Ì	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	ndirect (Instr. 4)	
Common stock, \$0.0001 par value		08/07/2019				S	3		6,800	D	\$ 10.:	53 1,1	,131,385		I (1)	See footnote		
			Table II -					quire	cont the f ed, Di	ained in form dis	n this fo splays a of, or Be	orm a	are no rently cially O	t requ valid	OMB conf	ormation spond unle trol numbe	ss	C 1474 (9-02
	1	1		· · ·	uts, calls			s, op								ı		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	ate, if	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)				of ing es and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	tive Owner (Instr. (D) rect	
					Code	V	(A)	(D)	Date Exer	c cisable	Expirati Date	ion T	or Nitle Ni	ımber				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
OXFORD ASSET MANAGEMENT LLP OXAM HOUSE 6 GEORGE STREET OXFORD, X0 OX1 2BW		X					

Signatures

-s- MARTIN BYMAN, CHIEF OPERATING OFFICER, ON BEHALF OF OxFORD ASSET MANAGEMENT LLP	08/08/2019
**Signature of Reporting Person	Date

- * 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).
 - This Form 4 relates to Securities held for the account of OxAM Quant Fund Limited, a Cayman Islands exempted company ('OxAM'). OxAM has in place an Investment Advisory Agreement with OxFORD ASSET MANAGEMENT LLP ('OxFORD'), pursuant to which OxFORD serves as the investment adviser to OxAM. In such capacity,
- (1) OxFORD may be deemed to exercise the voting and dispositive power over the Securities held for the account of OxAM. OxFORD disclaims beneficial ownership of the Securities except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that OxFORD is the beneficial owner of the Securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.