FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per response:	0.5						

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

1. Name and Address of Reporting Person* Quint Digital Ltd			2. Date of E Requiring S (Month/Day 03/15/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol LEE ENTERPRISES, Inc [LEE]						
l	(First) HAT KIRAN DRA PLACE K7 (State)	(Middle) 110008 (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	₹ 10% C) wner (specify	File	ndividual or Joeck Applicable Form filed Person	int/Group Filing 2 Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock					657,500	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
[[[2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)	curity Convers		cise Form:	Ownership Form:	Ownership (Instr.		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

Ritu Kapur, Director, on

behalf of Quint Digital

Limited

** Signature of Reporting Person

Date

03/19/2024

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 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).

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.