FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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* Revolve Capital LLC | | | | 1 | 2. Issuer Name and Ticker or Trading Symbol TERAWULF INC. [WULF] | | | | | | | | | tionship of R all applicabl Director | able) | Person(| , | | |
|--|---|------------|--|--|--|--|-------|--|------|-------------------------|--|---------------|---|---|--|---|--|---------------------------------------|--|
| (Last) | (Firs | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/06/2022 | | | | | | | | | Officer (gi below) | ive title | | Other (s below) | specify | |
| 339 DORADO BEACH EAST | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) DORADO PR 00646 | | | | | | | | | | | | | | Form filed by More than One Reporting Pe | | | | | |
| (City) | (Sta | te) | (Zip) | | | | | | | | | | | | | | | | |
| | | • | Table I - Nor | ı-Deriva | tive S | Securitie | s Acq | uired, [| Disp | osed o | f, or B | enefic | cially Ow | ned | | | | | |
| Date | | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | ities Acq d Of (D) (| | | 5. Amount Securities Beneficially Following Transactio | | Form | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (11150.4) | |
| Common Stock 10/0 | | | | 10/06/2 | /06/2022 | | | P | | 1,587,302 A | | A | \$0 ⁽¹⁾ | 12,568,684 | | | 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 | | 3A. Deemed Execution Date, If any (Month/Day/Year | 4. Transaction Code (Instr. r) 8) | | 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 Underlyin Derivative Security (1) 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | N | Amount or lumber of Shares | | (Instr. 4) | ion(s) | | | |
| Warrant (Right to buy) | \$1.925 | 10/06/2022 | | P | | 1,587,302 | | 10/06/2022 | 2 10 | 0/06/2027 | Comm | | 1,587,302 | (1) | 1,587,3 | 302 | D | | |

Explanation of Responses:

1. The reported securities are included within 1,587,302 Units purchased by the reporting person for \$1.26 per Unit. Each Unit consists of one share of common stock and one warrant to purchase one share of common stock.

/s/ Lauren O'Rourke, President 10/10/2022

** Signature of Reporting Person 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.