FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

VIIIEO 7	7110		, L O	UU
Washington	D.C.	20549		

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated averag	e burden									

0.5

hours per response:

	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(b).

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

Check this box to indicate that a transaction was made pursuant to contract, instruction or written plan
for the purchase or sale of equity securities of the issuer that is
intended to satisfy the affirmative defense conditions of Rule 10b5-

1(c). S	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* Flinn Joseph						2. Issuer Name <b>and</b> Ticker or Trading Symbol Hut 8 Corp. [ HUT ]								(Check		o of Reportin blicable)	g Pe	rson(s) to Is	ssuer	
riiiii Josepii													1	Direc	tor		10% O	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/27/2025									Office	er (give title v)		Other (s below)	specify	
1101 BR	ICKELL A	VENUE, SUITE	150	00	1															
					4. If	Amend	lment,	Date	of Orio	ginal F	iled (Month/I	Day/Yea	r)	6. Indiv	idual o	r Joint/Group	Filin	ng (Check A	pplicable	
(Street)											,	•	´	Line)				•		
MIAMI	FL	. 3	313	1										1	Form	filed by One	Rep	orting Pers	on	
															Form filed by More than One Reporting					
(Cit.)	(0)	-t-) /7	7:\		1									Person						
(City)	(3)	ate) (Z	Zip)		<u> </u>															
		Table	1 - 1	Non-Deriva	itive	Secu	rities	Ac	quire	ed, D	isposed (	of, or	Benefi	cially	Own	ed				
1 Title of	Security (Ins	tr 3)		2. Transaction	1:	2A. Deei	med	3	\		4. Securities	Acquire	ed (A) or		5. Am	ount of	6.0	wnership	7. Nature	
Date				1	Execution Date,		,   T	Transaction   Disposed Of (I				d 5) Securities Beneficially Owned Followi		ities	Form: Direct (D) or ng Indirect (I)		of Indirect Beneficial Ownership			
(Month/Day/Ye								Code (Instr. 8)										d Following		
										A 4	. (A) or _			Reported ( Transaction(s)		(Ins	tr. 4)	(Instr. 4)		
									ode	V	Amount	(A) or (D)	Price			3 and 4)				
Common	Stock			08/27/202	5			S		1,500	D	\$26.62	261(1)	18,291			D			
Common	Stock			08/28/202	5			S		8,500	D	\$26	.55	9,791			D			
		Tal	ماد	II - Derivati	S	ocuri	tios /	۱cai	iiroc	l Die	noead of	or B	onofici	ally (	Jwno	d				
		Iai	JIE								, converti				wile	u				
4 7711 6	T_					, a.i.o,					•	_		<del>-</del>			.		14. 11.	
				Deemed cution Date,		4. Transaction		5. Number of							rice of vative			10. Ownership		
Security (Instr. 3)	or Exercise Price of	if ar		Code 8)	Code (Instr.		Derivative Securities		e (Month/Day/Year)			Securities Underlying		urity tr. 5)	Securities Beneficially	,	Form: Direct (D)	Beneficial Ownership		
(Instr. 3) Price of Derivative Security (Month/Day/Year)				iidii/Day/Teal/	0,	8)		Acquired (A) or Disposed					Derivative		u. 5)	Owned		or Indirect	(Instr. 4)	
													ırity (Instı d 4)	r.		Following Reported		(I) (Instr. 4)		
					of (D) (Instr. 3, and 5)						· u,			Transaction(s)	1(s)					
												(111511.4)								
						T							Amoun	t						
													or Numbe	.						
						,,	L.,		Date		Expiration		of							
					Code	·   V	(A)	(D)	Exe	rcisabl	e Date	Title	Shares			I	- 1		1	

## **Explanation of Responses:**

1. The price was converted using the Bank of Canada exchange rate for August 27, 2025 of C\$1.3821 = US\$1.00

/s/ Victor Semah, as Attorney-

08/29/2025

in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.