FORM 3

# UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL 3235-0104 OMB Number:

Estimated average burden hours per response: 0.5

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

			the Investment Company Act		1934				
1. Name and Address of Reporting Person* <u>Manieu Alexandre Weinstein</u>	2. Date of E Requiring S (Month/Day 09/29/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker of Procaps Group, S.A						
(Last) (First) (Middle) CALLE 80 NO. 78B-201	03/23/2021		Relationship of Reporting Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) BARRANQUILLA F8 80004			X Director X Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: I (D) or li (I) (Inst	Direct Owner		Nature of Indirect Beneficial vnership (Instr. 5)		
Ordinary Shares			15,877,516	]			ares indirectly held through oche Partners Pharma Holding A.		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Da Expir			3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conver	rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	
Name and Address of Reporting Person*     Manieu Alexandre Weinstein									
(Last) (First) (Middle) CALLE 80 NO. 78B-201									
(Street) BARRANQUILLA F8 80004									
(City) (State) (Zip	(Zip)								
Name and Address of Reporting Person*     Hoche Partners Pharma Holding S.A.									

Explanation of Responses:

LUXEMBOURG N4

3A VAL SAINTE CROIX

(First)

(State)

(Middle)

L-1371

(Zip)

(Last)

(Street)

(City)

Weinstein Manieu

/s/ Roman Sokolowski,

**Director, Hoche Partners** 10/12/2021

Pharma Holding S.A.

/s/ Peter Egan and /s/

Ariane Vansimpsen,

Directors, Stonehage

10/12/2021 Fleming Corporate Service

Luxembourg S.A.,

**Director** 

\*\* Signature of Reporting

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 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

Information Regarding Joint Filers

Designated Filer of Form 4: Alexandre "Alejandro" Weinstein Manieu

Date of Earliest Transaction Required to be Reported: September 29, 2021

Issuer Name and Ticker Symbol: Procaps Group, S.A. (PROC)

Names: Alexandre "Alejandro" Weinstein Manieu and Hoche Partners Pharma Holding S.A.

Address: Alexandre "Alejandro" Weinstein Manieu

Calle 80 No. 78B-201

Barranquilla, Colombia 80004

Hoche Partners Pharma Holding S.A.

3A Val Sainte Croix

Luxembourg, Luxembourg L-1371

#### Signatures:

The undersigned, Alexandre "Alejandro" Weinstein Manieu and Hoche Partners Pharma Holding S.A are jointly filing the attached Statement of Changes in Beneficial Ownership of Securities on Form 3 with respect to the beneficial ownership of securities of Procaps Group, S.A.

#### ALEXANDRE "ALEJANDRO" WEINSTEIN MANIEU

/s/ Alexandre "Alejandro" Weinstein Manieu

Signature

Alexandre "Alejandro" Weinstein Manieu/Director

Name/Title

## HOCHE PARTNERS PHARMA HOLDING S.A.

/s/ Roman Sokolowski

Signature

Roman Sokolowski/Director

Name/Title

## STONEHAGE FLEMING CORPORATE SERVICE LUXEMBOURG S.A., DIRECTOR

/s/ Peter Egan

Signature

Peter Egan/Director

Name/Title

/s/ Ariane Vansimpsen

Signature

Ariane Vansimpsen/Director

Name/Title