

UNITED STATES SECURITIES AND EXCHANGE
COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF 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

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

1. Name and Address of Reporting Person* <u>Archon Capital Management LLC</u> (Last) (First) (Middle) <u>1100 19TH AVENUE E</u> (Street) <u>SEATTLE WA 98112</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>02/14/2024</u>	3. Issuer Name and Ticker or Trading Symbol <u>EMCORE CORP [EMKR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)
			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned			
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, no par value	12,552,577	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Archon Capital Management LLC</u> (Last) (First) (Middle) <u>1100 19TH AVENUE E</u> (Street) <u>SEATTLE WA 98112</u> (City) (State) (Zip)		
1. Name and Address of Reporting Person* <u>CHRISTOFILIS, CONSTANTINOS</u> (Last) (First) (Middle) <u>C/O ARCHON CAPITAL MANAGEMENT LLC</u> <u>1100 19TH AVENUE E</u> (Street) <u>SEATTLE WA 98112</u> (City) (State) (Zip)		

Explanation of Responses:

1. The securities reported herein are held by multiple private funds. The reported securities may be deemed beneficially owned by Archon Capital Management LLC, the investment manager of such private fund clients and Constantinos Christofilis, the managing member of Archon Capital Management LLC, each a Reporting Person. Archon

Capital Management LLC and Constantinos Christofilis each disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that each Reporting Person 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.

<u>Archon Capital</u> <u>Management LLC, /s/</u> <u>Constantinos Christofilis,</u> <u>Managing Member</u>	<u>02/16/2024</u>
<u>/s/ Constantinos</u> <u>Christofilis</u>	<u>02/16/2024</u>
** 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 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.