SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

O Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).		STAT		ed purs	uant to Sectio	n 16((a) of the Secu	irities Exc	hange Ac	t of 193		Þ	Estima	Number: ated avei per resp	rage burden onse:	0.5	
1. Name and Address of Reporting Person [*] <u>MCAP Acquisition, LLC</u>					2. Issuer Name and Ticker or Trading Symbol <u>MCAP Acquisition Corp</u> [MACQ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)					
(Last)(First)(Middle)C/O MCAP ACQUISITION CORPORATION311 SOUTH WACKER DRIVE, SUITE 6400						3. Date of Earliest Transaction (Month/Day/Year) 03/02/2021												
(Street) CHICAC	GO I	L	60606		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv X	6. Individual or Joint/Group Filing (Check Applicable L X Form filed by One Reporting Person Form filed by More than One Reporting Per					
(City)	(State)	(Zip)	Doriu	(ativo	Socuritio	<u> </u>	aquirad D	icnoco	d of or	Bond		wood					
Date				2. Trans Date	1			e, 3. Code (Ins	on Dispo	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 ((A) or	5. Amount of Securities Beneficially Following R Transaction (Instr. 3 and	Form: Owned (D) or Reported (I) (Inst (s)		Direct I Indirect E tr. 4) (7. Nature of ndirect 3eneficial Dwnership Instr. 4)	
			Table II - E (quired, Dis s, options					ned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr) 8)				6. Date Exerc Expiration Da (Month/Day/\	Secu Deriv	7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte	ve ies ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiratio Date	on Title	N	mount or umber of hares		Transac (Instr. 4)	tion(s)			
Warrants	\$11.5	03/02/2021		A		5,983,333 ⁽²⁾		(1)	(1)	Class Comr Sto	non 5	,983,333 ⁽²⁾	\$1.5	5,983,333 ⁽²		D		
Explanatio	n of Respons	ses:																

1. Each warrant will become exercisable on the later of 12 months from the closing of the Issuer's initial public offering and 30 days after the completion of the Issuer's initial business combination. Each warrant will expire five years after the completion of the Issuer's initial business combination or earlier upon redemption or liquidation.

2. This Form 4 is being filed by MCAP Acquisition, LLC, the sponsor of the Issuer (the "Sponsor"). The manager of the Sponsor is Monroe Capital Management Advisors, LLC ("MCMA"). Theodore L. Koenig, the Issuer's Chief Executive Officer, may be deemed to beneficially own securities held by the Sponsor by virtue of his control over MCMA. Mr. Koenig disclaims beneficial ownership of the securities of the Issuer held by the Sponsor other than to the extent of his pecuniary interest in such securities.

/s/ MCAP Acquisition LLC, by Nelson Mullins Riley & 03/03/2021 Scarborough LLP with Power of <u>Attorney</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 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.