FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* MARKS JACQUELINE	ent atement Year)	3. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN HOLDING L.P. [AB]						
(Last) (First) (Middle) C/O ALLIANCEBERNSTEIN L.P. 501 COMMERCE STREET (Street) NASHVILLE TN 37203		- 1	4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Financial	10% O Other (below)	wner (specify	A Person	/Year) bint/Group Filing e Line) by One Reporting by More than One	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. B)	3. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
AB Holding Units ⁽¹⁾								
AB Holding Units(1)			0	Ι)			
			O Securities Beneficiants, options, converti	lly Own	ed			
		sable and	Securities Beneficial	lly Own	ed	5. Sion Ownership cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

1. Units representing assignments of beneficial ownership of limited partnership interests in AllianceBernstein Holding L.P. ("AB Holding Units")

Remarks:

/s/ Jacqueline Marks

03/07/2024

** 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 Number.