FORM 4

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

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Burke Kate C					2. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN HOLDING L.P. [ AB ]									Check	all app	ionship of Reportinall applicable) Director Officer (give title		son(s) to Is 10% Ov Other (s	vner
(Last)	(Fii LIANCEBE	,	Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 03/22/2023								X	below)		& CF	below)	
501 COMMERCE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person				
	NASHVILLE TN 37203													Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N					Execution Da		tion Date,		3. Transa Code (I 8)		4. Securities Disposed Of			and 5) Se Be Ov		Amount of ecurities eneficially wned Following		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
							Ī	Code	v	Amount	(A) oi (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
AB Holding Units <sup>(1)</sup> 03/22/20					)23				S <sup>(2)</sup>		12,500(2)	D	\$35.0	.04 <sup>(3)</sup>		27,705		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any		ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira	te Exer ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Units representing assignments of beneficial ownership of limited partnership interests in AllianceBernstein Holding L.P. ("AB Holding Units")
- 2. Ms. Burke sold 12,500 AB Holding Units under a 10b5-1 plan she adopted on December 19, 2022. AB Holding filed Form 10-K relating to financial results for the year ended December 31, 2022, on
- 3. Ms. Burke sold 12,500 AB Holding Units at prices ranging from \$34.93 to \$35.27 per Unit. The price set forth in the table is the weighted average of her sales at these prices.

## Remarks:

/s/ Kate C. Burke

03/23/2023

\*\* 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.