FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Horowitz Raanan		2. Date of Event Requiring Statement (Month/Day/Year) 09/23/2021 3. Issuer Name and Ticker or Trading Symbol GigCapital5, Inc. [GIA.U]						
(Last) (First) (Middle) C/O GIGCAPITAL5, INC.				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
1731 EMBARCADERO RD., SUITE 200				Officer (give title below) Officer (below) Other (specify below)		(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting	
(Street) PALO ALTO CA 9	4303						Person	by More than One Person
(City) (State) (Z	Zip)							
Table I - Non-Derivative Securities Beneficially Owned								
					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Security (Instr. 4)			E	2. Amount of Securities Beneficially Owned (Instr. I)	Form: D	Direct (
1. Title of Security (Instr. 4)			erivative	Beneficially Owned (Instr.	Form: E (D) or Ir (I) (Insti	Direct of the di		
Title of Security (Instr. 4) Title of Derivative Security (Instr. 4)	(e.g.,		erivative s, warrar	Beneficially Owned (Instr. I) Securities Beneficia	Form: E (D) or Ir (I) (Insti	Direct of the di	5. ion Ownership	

Explanation of Responses:

No securities are beneficially owned.

/s/ Raanan Horowitz 09/23/2021

** 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.