

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

**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

1. Name and Address of Reporting Person * <u>ATG Capital Management LP</u> <hr/> (Last) (First) (Middle) 16690 COLLINS AVE STE 1103 <hr/> (Street) SUNNY ISLE FL 33160 BCH <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/28/2026	3. Issuer Name and Ticker or Trading Symbol <u>Empery Digital Inc. [ EMPD ]</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) 01/30/2026 <hr/> 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, par value \$0.00001 per share <sup>(1)</sup>	3,380,229	I	By ATG Fund <sup>(2)</sup>

**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							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">                             1. Name and Address of Reporting Person *  <u>ATG Capital Management LP</u>  <hr/>                             (Last) (First) (Middle)                              16690 COLLINS AVE                              STE 1103  <hr/>                             (Street)                              SUNNY ISLE BCH FL 33160  <hr/>                             (City) (State) (Zip)                         </td> <td style="width: 70%;"></td> </tr> <tr> <td>                             1. Name and Address of Reporting Person *  <u>ATG Capital Management GP LLC</u>  <hr/>                             (Last) (First) (Middle)                              16690 COLLINS AVE                              STE 1103  <hr/>                             (Street)                              SUNNY ISL BCH FL 33160  <hr/>                             (City) (State) (Zip)                         </td> <td></td> </tr> </table>								1. Name and Address of Reporting Person * <u>ATG Capital Management LP</u> <hr/> (Last) (First) (Middle) 16690 COLLINS AVE STE 1103 <hr/> (Street) SUNNY ISLE BCH FL 33160 <hr/> (City) (State) (Zip)		1. Name and Address of Reporting Person * <u>ATG Capital Management GP LLC</u> <hr/> (Last) (First) (Middle) 16690 COLLINS AVE STE 1103 <hr/> (Street) SUNNY ISL BCH FL 33160 <hr/> (City) (State) (Zip)	
1. Name and Address of Reporting Person * <u>ATG Capital Management LP</u> <hr/> (Last) (First) (Middle) 16690 COLLINS AVE STE 1103 <hr/> (Street) SUNNY ISLE BCH FL 33160 <hr/> (City) (State) (Zip)											
1. Name and Address of Reporting Person * <u>ATG Capital Management GP LLC</u> <hr/> (Last) (First) (Middle) 16690 COLLINS AVE STE 1103 <hr/> (Street) SUNNY ISL BCH FL 33160 <hr/> (City) (State) (Zip)											

1. Name and Address of Reporting Person *		
<a href="#">ATG Capital Opportunities Fund LP</a>		
(Last)	(First)	(Middle)
16690 COLLINS AVENUE		
SUITE 1103		
(Street)		
SUNNY ISLES	FL	33160-5687
BEACH		
(City)	(State)	(Zip)

  

1. Name and Address of Reporting Person *		
<a href="#">Gliksberg Gabriel</a>		
(Last)	(First)	(Middle)
16690 COLLINS AVENUE		
SUITE 1103		
(Street)		
SUNNY ISLES	FL	33160
BEACH		
(City)	(State)	(Zip)

**Explanation of Responses:**

1. This Form 3 is filed jointly by ATG Capital Opportunities Fund LP ("ATG Fund"), ATG Capital Management LP ("ATG Management"), ATG Capital Management GP LLC ("ATG GP") and Gabriel Gliksberg (collectively, the "Reporting Persons"). Each Reporting Person disclaims beneficial ownership of the securities of the Issuer reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
2. Securities owned directly by ATG Fund. As the investment manager of ATG Fund, ATG Management may be deemed to beneficially own the securities owned directly by ATG Fund. ATG GP, as the general partner of ATG Management, may be deemed to beneficially own the securities owned directly by ATG Fund. Gabriel Gliksberg, as the Managing Member of ATG GP, may be deemed to beneficially own the securities owned directly by ATG Fund.

**Remarks:**

This Form 3 is being amended to add each of ATG Management, ATG GP and Mr. Gliksberg as a reporting person upon receipt of their EDGAR codes.

[/s/ ATG Capital Management LP,](#)  
[By: /s/ Gabriel Gliksberg,](#)  
[Managing Member of ATG](#)      [02/20/2026](#)  
[Capital Management GP LLC, its](#)  
[General Partner](#)  
[/s/ ATG Capital Management GP](#)  
[LLC, By: /s/ Gabriel Gliksberg,](#)      [02/20/2026](#)  
[Managing Member](#)  
[/s/ ATG Capital Opportunities](#)  
[Fund LP, By: /s/ Gabriel](#)  
[Gliksberg, Managing Member of](#)  
[ATG Capital Management GP](#)      [02/20/2026](#)  
[LLC, the General Partner of ATG](#)  
[Capital Management LP, its](#)  
[Investment Manager](#)  
[/s/ Gabriel Gliksberg](#)      [02/20/2026](#)  
 \*\* 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.