FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL							
OMB Number:	3235- 0104						
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

SECURITIES

Name and Address of Reporting Person* COTTON RYAN			2. Date of E Requiring S (Month/Day 10/28/202	ring Statement h/Day/Year) Advantage Solutions Inc. [ADV]							
LLC	(First) CAPITLAL 1 ENDON STR MA (State)	(Middle) INVESTORS, EEET 02116 (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	wner (specify	File 6. Ir	ndividual or Joeck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amo	unt of Securities cially Owned (Instr.	3. Owner Form: E (D) or In (I) (Insti	ership Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
´` E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				cise Form:	Ownership Form:	Ownership (Instr.	
			Date Exercisable	Expiratior Date	Title		Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Ryan Cotton

10/30/2020

** 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.