FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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>Johnston Jennifer</u>	2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading S SUNPOWER CORP [SPW							
(Last) (First) (Middle) 1414 HARBOUR WAY SOUTH, SUITE 1901	05/24/2023	4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below)	10% O Other (below)	wner specify	f Amendment, d (Month/Day/	Date of Original Year)		
(Street) RICHMOND CA 94804 (City) (State) (Zip)		EVP, Chief Operat	ting Offic	0.11	Form filed l Person	by One Reporting		
Table I - Non-Derivative Securities Beneficially Owned								
		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owne Form: D (D) or In (I) (Instr.	irect Own direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable an Expiration Date (Month/Day/Year)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Expiration	on Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Bette Tsien, as attorney-

in-fact for Jennifer 05/31/2023

Johnston

** 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).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.