FORM 3

1. Name and Address of Reporting Person*

COLISEUM CAPITAL PARTNERS, L.P.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

				16(a) of the Securities the Investment Comp			1934			
1. Name and Address of Reporting Person* <u>Coliseum Capital</u> <u>Management, LLC</u>		2. Date of E Requiring S (Month/Day 11/09/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol MasterCraft Boat Holdings, Inc. [MCFT]						
(Last) (First) (Middle)		_		4. Relationship of F Issuer (Check all applicab	. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
105 ROWAYTO	ON AVENUE	_		Director Officer (giv title below)			(specify		eck Applicable Form filed	oint/Group Filing e Line) by One Reporting
(Street) ROWAYTON C	CT 06853							Person X Form filed by More than One Reporting Person		
(City) (Sta	ate) (Zip)									
		Table I - Non	-Derivat	ive Securities E	Benefic	ially O	wned			
1. Title of Security (Instr. 4)			2. Amount of Secur Beneficially Owned 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock,	par value \$0.01 per	share		1,808,605]	[See	footnotes(1)(2)
	(e			e Securities Be ents, options, co)		
1. Title of Derivative Security (Instr. 4)		2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		curity Conver		cise Form:	Ownership Form:	Ownership (Instr.
						Amount or		ive	ve or Indirect	5)
		Date Exercisable	Expiratio Date	n Title		Number of Shares				
ı	ss of Reporting Person*									
Coliseum Ca	pital Managemer	nt, <u>LLC</u>	_							
(Last)	(First) (I	Middle)								
105 ROWAYTO	ON AVENUE									
(Street) ROWAYTON	CT 0	6853								
(City)	(State) (2	Zip)	_							
1. Name and Addre Coliseum Ca	ss of Reporting Person* pital, LLC									
(Last) 105 ROWAYTO	` ,	vliddle)								
(Street) ROWAYTON	CT 0	6853								
(City)	(State) (2	Zip)								

(Last)	(First)	(Middle)					
105 ROWAYTON AVE.							
(0)							
(Street) ROWAYTON	СТ	06853					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person*							
Gray Adam							
(Last)	(First)	(Middle)					
105 ROWAYTO	• •	(iviidule)					
(Street)							
ROWAYTON	CT	06853					
(City)	(State)	(Zip)					
Name and Address of Reporting Person*							
Shackelton Christopher S							
(Last)	(First)	(Middle)					
105 ROWAYTO	,	(Middle)					
(Street)							
ROWAYTON	CT	06853					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. These securities are directly held as follows: (a) 1,503,049 shares of common stock, par value \$0.01 per share ("Common Stock"), by Coliseum Capital Partners, L.P. ("CCP"), an investment limited partnership of which Coliseum Capital, LLC, a Delaware limited liability company ("CC"), is general partner and for which Coliseum Capital Management, LLC, a Delaware limited liability company ("CCM"), serves as investment adviser; and (b) 305,556 shares of Common Stock by a separate account investment advisory client of CCM (the "Separate Account").
- 2. Christopher S. Shackelton ("Shackelton") and Adam Gray ("Gray") are managers of and have an ownership interest in each of CCM and CC. Each of Shackelton, Gray, CCP, the Separate Account, CC and CCM disclaims beneficial ownership of these securities except to the extent of that person's pecuniary interest therein.

Remarks:

Coliseum Capital Management, LLC, By: /s/ Thomas Sparta, Thomas Sparta, Attorney-in-fact	11/21/2022
Coliseum Capital, LLC, By: /s/ Thomas Sparta, Thomas Sparta, Attorney- in-fact	11/21/2022
Coliseum Capital Partners, L.P., By: Coliseum Capital, LLC, its General Partner, By: /s/ Thomas Sparta, Thomas Sparta, Attorney-in-fact	11/21/2022
Adam Gray, By: /s/ Thomas Sparta, Thomas Sparta, Attorney-in-fact	11/21/2022
Christopher Shackelton, By: /s/ Thomas Sparta, Thomas Sparta, Attorney- in-fact	11/21/2022
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.

^{*} 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).