FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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

(Print or Type R	tesponses)												
1. Name and Address of Reporting Person* GLAZER CAPITAL, LLC				2. Issuer Name and Ticker or Trading Symbol Replay Acquisition Corp. [RPLA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX 10% Owner				
250 WEST 55TH STREET, SUITE 30A				3. Date of Earliest Transaction (Month/Day/Year) 12/07/2020						Office	r (give title belo	ow)	Other (specify	below)
(Street) NEW YORK, NY 10019				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_ Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)		1		quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or t (D)	Price	(Instr. 3 a	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Ordinary Shares, par value \$.0001 per share		12/07/2020		S		1,000	D	\$ 10.25	4,342,882		I	See Footnote 1. (1)		
Ordinary Shares, par value \$.0001 per share		12/09/2020		S		1,000	D	\$ 10.45	5 4,341,882		I	See Footnote 1. (1)		
Reminder: Repo	ort on a s	eparate line fo		Derivative Securiti	ies Acquir	Persont the f	ons wh ained in form dis	o responding this formula of the second seco	orm are a curre eneficial	not requesting noting valid	ction of inf uired to res OMB conf	spond unle	ess	1474 (9-02)
				e.g., puts, calls, wa								l .	. 1	1
(Instr. 3) Pric	nversion Exercise ce of rivative curity	3. Transactio Date (Month/Day/	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and (Mo	and Expiration Date (Month/Day/Year) Ar Ur Se		Amo Und Secu (Inst	ount of erlying arities tr. 3 and Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct or India	Beneficia Ownershi y: (Instr. 4)
				Code V	(A) (D)	Date		Expiration Date	on Title	Amount or Number of Shares				

Reporting Owners

D (O N)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GLAZER CAPITAL, LLC 250 WEST 55TH STREET SUITE 30A NEW YORK, NY 10019		X					
GLAZER PAUL J 250 WEST 55TH STREET SUITE 30A NEW YORK, NY 10019		X					

Signatures

Paul J. Glazer	12/09/2020
***Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).
- The securities reported herein are held by certain funds and accounts to which Glazer Capital, LLC, a Delaware limited liability company, serves as investment manager. Mr. (1) Paul J. Glazer serves as the Managing Member of Glazer Capital, LLC. Each of Glazer Capital, LLC and Mr. Paul J. Glazer disclaims beneficial ownership of the securities reported herein except to the extent of such Reporting Person's pecuniary interest therein.

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.