FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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>LIPMAN JOHN C</u>	2. Date of Ex Requiring St (Month/Day/ 12/10/2020	tatement Year)	3. Issuer Name and Ticker or Trading Symbol Roth CH Acquisition II Co [ ROCCU ]						
(Last) (First) (Middle) 222 SOUTH NINTH STREET,			4. Relationship of Reporting Issuer (Check all applicable)		•		Amendment, d (Month/Day/	Date of Original Year)	
SUITE 350	,		X Director X Officer (give title below)	10% C Other below)	(specify		eck Applicable Form filed I	int/Group Filing e Line) by One Reporting	
(Street) MINNEAPOLIS MN 55402	,		Chief Operating	Officer		'	Person	by More than One Person	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)							i. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	Form: [ (D) or li	Direct ndirect				
1. Title of Security (Instr. 4)  Common Stock			Beneficially Owned (Instr.	Form: [ (D) or li	Direct ndirect r. 5)				
Common Stock		erivative	Beneficially Owned (Instr. I)	Form: I (D) or Ir (I) (Insti	Direct ndirect r. 5)	Owne			
Common Stock (e.g.		erivative s, warran isable and	Seneficially Owned (Instr. 1)  271,654  Securities Beneficial	Form: E (D) or li (I) (Insti	Direct ndirect r. 5)	Sion			

**Explanation of Responses:** 

/s/ John Lipman

12/10/2020

\*\* Signature of Reporting

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.