

**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>CF Finance Holdings III, LLC</u> _____ (Last) (First) (Middle) 110 EAST 59TH STREET _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/12/2020	3. Issuer Name and Ticker or Trading Symbol <u>CF Finance Acquisition Corp. III [ CFAC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) Chief Executive Officer	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Class B Common Stock	(1)	(1)	Class A Common Stock	5,710,000 <sup>(2)(3)</sup>	(1)	D	

1. Name and Address of Reporting Person* <u>CF Finance Holdings III, LLC</u> _____ (Last) (First) (Middle) 110 EAST 59TH STREET _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>CANTOR FITZGERALD, L. P.</u> _____ (Last) (First) (Middle) 110 EAST 59TH STREET _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>CF GROUP MANAGEMENT INC</u> _____
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