## FORM 4

## UNITE

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ED STATES SECURITIES AND EXCHANGE COMMISSION

	OMB APPROVAL
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

motrace	tion 10.																		
1. Name and Address of Reporting Person* Schneider Carine						2. Issuer Name <b>and</b> Ticker or Trading Symbol LogicMark, Inc. [ LGMK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														✓ Directo	,		10% Ow	ner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024								Officer (give title below)			Other (s below)	pecify	
2801 DIC																			
(Street)						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
LOUISV	TILLE K	Y	40299											Form fi	led by One	e Repo	rting Person		
										Form filed by More than One Reporting Person									
(City)	(\$	State)	(Zip)																
		Та	ble I - Non	ı-Deriva	tive	Sec	urities	Acc	quired, D	isp	osed of	, or Ben	eficial	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		Disposed	ties Acquired (A) or I Of (D) (Instr. 3, 4 and (A) or (D) Price		Beneficia Owned F	es Form (D) or (I) (In		n: Direct I r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	,	Amount	Reported Transacti (Instr. 3 a								
			Table II - I						,	•	,		•	Owned		<u> </u>			
			. (	e.g., pu	ts, c	calls	, warra	nts,	options	, c	onvertib	le secui	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficia Ownersh (Instr. 4)	
				Cod	le V	v (	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(0)			
Options to Purchase	\$0.155	10/01/2024		А		(	64,516 <sup>(1)</sup>		10/01/202	4 (	09/30/2034	Common Stock	64,516	\$0	64,51	16	D		

## Explanation of Responses:

1. The stock options were received as compensation for the reporting person's services as a member of the board of directors of the issuer for the quarter ended September 30, 2024.

/s/ Carine Schneider

10/02/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.