FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SSION OMB APPROVAL

Estimated average burden hours per response: 0.5

OMB Number:

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0104

INITIAL STATEMENT OF 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

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1. Name and Address of Reporting Person* Winvest Investment Fund Management Corp.		2. Date of Event Requiring Statement (Month/Day/Year) 10/09/2024		3. Issuer Name and Ticker or Trading Symbol LogicMark, Inc. [LGMK]						
(Last) (First) (Middle)				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)				If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
SKYLINE TOWER 10900 NE 4TH ST, FLOOR 23										
(Street) BELLEVUE WA	98004	_						V		by More than One Person
(City) (State										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Inst 4)	tr.	3. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.0001 par value per share				609,600		D ⁽¹⁾				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)		2. Date Exerc Expiration Da (Month/Day/Y	ite	3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				rsion (rcise F	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
					Amount or			or Indirect (I) (Instr. 5)	3,	
		Date Exercisable	Expiratio Date	n Title		Number of Shares	0004111	.,	(1) (1110411 0)	
1. Name and Address of Reporting Person* Winvest Investment Fund Management										
Corp.	_									
(Last)	(First) (M	liddle)								
SKYLINE TOWER 10900 NE 4TH ST, FLOOR 23										
(Street)			-							
BELLEVUE	WA 98	8004								
(City)	(State) (Z	ip)								
Name and Address of Reporting Person*										
Matthews Jour	<u>rdan</u>		_							
(Last)	(First) (M	iddle)								
SKYLINE TOWI	ER 10900 NE 4TH S	ST, FLOOR 23	3							
(Street)			_							
BELLEVUE	WA 98	3004	_							
(City)	(State) (Z	ip)								

Explanation of Responses:

the Chief Executive Officer of Winvest. Each Reporting Person disclaims beneficial ownership of all securities reported herein, except to the extent of their pecuniary interest therein, if any, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities and Exchange Act of 1934 or for any other purpose.

/s/ Jourdan Matthews, for

himself and as CEO of 10/18/2024

Winvest

** Signature of Reporting Person 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.