FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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>GUTIERREZ BARBARA</u> | | | | 2. Issuer Name and Ticker or Trading Symbol LogicMark, Inc. [LGMK] | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) I Director 10% Owner I Director | | | | | | |
|--|--|------------|---|--|---|--|--------|--|---|--|--|---|--|---|--|--|
| (Last) | , | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | Officer (below) | Officer (give title below) | | Other (specify below) | | |
| 2801 DIODE LANE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | TLLE K | Y | 40299 | | | | | | | | V | _ | ed by More | | ting Person One Reporti | ng |
| (City) | (S | State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | is intended to | satisfy | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amour Securities Beneficia Owned Fo | s Ily ollowing | Form: (D) or I | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Cod | saction e (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 | is Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | | | |
| Options to Purchase | \$0.61 | 07/01/2024 | | A | | 16,393 ⁽¹⁾ | | 07/01/2024 | 06/30/2034 | Common Stock | 16,393 | \$0 | 16,39 | 3 | 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 June 30, 2024.

/s/ Barbara Gutierrez 07/01/2024

** 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 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.