## SEC Form 5

X

## FORM 5

obligations may continue. See Instruction 1(b).

X Form 3 Holdings Reported.

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0362 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response:      | 1.0       |  |  |  |  |  |  |  |  |

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** 

|                                                                                |                                                                       | -                                          |                                                             | or Section 3                                                               | 30(h) o                                               | of the li                               | nvestm | nent Co                                                                 | mpany Ac | t of 194                                                                                                                                                              | t of 1934<br>0                                                                                                                                                                              |                                                                                                                          |     |                                                                           |                           |                              |                                                                  |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|--------|-------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------|---------------------------|------------------------------|------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person <sup>*</sup><br>Wilkinson Thomas Wiley |                                                                       |                                            |                                                             | 2. Issuer Name and Ticker or Trading Symbol<br>LogicMark, Inc. [LGMK]      |                                                       |                                         |        |                                                                         |          | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner<br>Officer (give title X Other (specify<br>below)<br>Former Director |                                                                                                                                                                                             |                                                                                                                          |     |                                                                           |                           |                              |                                                                  |  |
| (Last) (First) (Middle)<br>C/O LOGICMARK, INC.<br>2801 DIODE LANE              |                                                                       |                                            |                                                             | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)<br>12/31/2023 |                                                       |                                         |        |                                                                         | y/Year)  |                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                                                          |     |                                                                           |                           |                              |                                                                  |  |
| (Street)<br>LOUISVILLE KY 40299<br>(City) (State) (Zip)                        |                                                                       |                                            |                                                             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |                                                       |                                         |        |                                                                         |          |                                                                                                                                                                       | <ul> <li>6. Individual or Joint/Group Filing (Check Applicable<br/>Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting<br/>Person</li> </ul> |                                                                                                                          |     |                                                                           |                           |                              |                                                                  |  |
|                                                                                |                                                                       | Table                                      | I - Non-Deriva                                              | itive Secu                                                                 | rities                                                | s Acq                                   | quire  | d, Dis                                                                  | posed    | of, or                                                                                                                                                                | Benefic                                                                                                                                                                                     | ially Owr                                                                                                                | ned |                                                                           |                           |                              |                                                                  |  |
| 1. Title of Security (Instr. 3)                                                |                                                                       |                                            | Date<br>(Month/Day/Year) if                                 | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                |                                                       | 3.<br>Transaction<br>Code (Instr.<br>8) |        | 4. Securities Acquired (A) or Disp<br>Of (D) (Instr. 3, 4 and 5)        |          |                                                                                                                                                                       | ) or Dispos                                                                                                                                                                                 | Securiti<br>Benefic                                                                                                      | es  |                                                                           | Ownership<br>Form: Direct |                              | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership              |  |
|                                                                                |                                                                       |                                            |                                                             |                                                                            |                                                       |                                         |        | Amour                                                                   | ıt       | (A) or<br>(D)                                                                                                                                                         | Price                                                                                                                                                                                       | Issuer's Fiscal<br>Year (Instr. 3 and<br>4)                                                                              |     | Indirect (I)<br>(Instr. 4)                                                |                           | (Instr. 4)                   |                                                                  |  |
| No Securities are Beneficially<br>Owned                                        |                                                                       |                                            |                                                             |                                                                            | 3(1                                                   |                                         | I)     |                                                                         |          |                                                                                                                                                                       |                                                                                                                                                                                             | 0                                                                                                                        |     | D                                                                         |                           |                              |                                                                  |  |
|                                                                                |                                                                       | Tal                                        | ble II - Derivati<br>(e.g., pı                              | ve Securit<br>its, calls, v                                                |                                                       |                                         |        |                                                                         |          |                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                                                          | d   |                                                                           |                           |                              |                                                                  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)                                    | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disp<br>of (D | osed<br>))<br>r. 3, 4                   | Expira | te Exercisable and<br>ration Date<br>th/Day/Year)<br>Expiration<br>Date |          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4)<br>Amou<br>or<br>Numb<br>of<br>Title Share:                         |                                                                                                                                                                                             | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)<br>Benefici<br>Owned<br>Followin<br>Reporte<br>Transac<br>(Instr. 4) |     | e Ownershi<br>s Form:<br>Illy Direct (D)<br>or Indirec<br>g (I) (Instr. 4 |                           | hip o<br>B<br>D) O<br>ect (I | 1. Nature<br>of Indirect<br>Beneficial<br>Dwnership<br>Instr. 4) |  |

## Explanation of Responses:

1. The reporting person was appointed to serve as a member of the board of the directors of the issuer effective as of October 27, 2023.

/s/ Thomas Wiley Wilkinson 01/26/2024

\*\* 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.