FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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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

| Name and Address of Reporting Person* Gable Robert Blakeslee | | | | | | 2. Issuer Name and Ticker or Trading Symbol CTO Realty Growth, Inc. [CTO] | | | | | | | | | all app Direc | ionship of Reporting Po all applicable) Director | | 10% Ov | vner |
|---|---|--|----------------|--|---------------|--|---------------------------------|-----|---|---------|-----------------------|---|---|---------------------|---|--|---------------------|--|--|
| (Last) | (Fir | rst) (N | Middle |) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2023 | | | | | | | | | Office | er (give title v) | | Other (s below) | specify |
| 1140 N. WILLIAMSON BLVD. SUITE 140 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applic e) X Form filed by One Reporting Person | | | | ` |
| (Street) DAYTONA BEACH FL 32114 | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | |
| (City) | (St | ate) (Z | Zip) | | $ _{\square}$ | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instr | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Ac | quire | d, Di | sposed of | , or E | Benefici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | Executi | | emed ion Date, /Day/Year) | | 3. Transaction Code (Instr. 8) | | | Acquire (D) (Ins | ed (A) or tr. 3, 4 and | d 5) Secur Benef | | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | | (msu. 4) |
| Common |)23 | | | | A | | 861 | A | \$16.68 | 31,235 | | 1,235 | | D | | | | | |
| | | Tal | ble II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | | Transaction of Code (Instr. D | | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sec | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. These shares were issued to the Reporting Person in lieu of his 3rd quarter 2023 board retainer fee of \$10,000 and committee retainer fees of \$4,375 pursuant to the Issuer's Non-Employee Director Compensation Policy (the "Policy") adopted by the Issuer's board of directors on February 27, 2019 (last amended February 10, 2021). Pursuant to the Policy, the share price utilized to calculate the number of shares issued was the 20-day trailing average closing price as of the last day of the quarter, or \$16.68500.

/s/ Daniel E. Smith, attorneyin-fact for R. Blakeslee Gable

10/02/2023

Date

** Signature of Reporting Person

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.