FORM 4

Check this box if no longer subject

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours ner response	. 0.5										

to Section 16.	. Form 4 or Form 5	_							•			Estimated average	e burden		
obligations ma Instruction 1(l	ay continue. See	Filed n	urayant to Castian 1	6(a) of t	ho Co	ourition Evol			hours per respons	e: 0.5					
mstruction (t	о).		riiea p	ursuant to Section 1 or Section 30(h) of t	the Inve	stmen	t Company A	ct of 19	101 1934 40		Ľ				
Name and Address of Reporting Person*				2. Issuer Name and CTO Realty C			0 ,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Brokaw Ge	orge K			<u>CTO Realty C</u>	<u> </u>	<u>11, 11</u>	<u>ic.</u> [ C10	X	Director	10	0% Owner				
(Last) (First) (Middle) DISH NETWORK CORPORATION 9601 S MERIDIAN BLVD  (Street) ENGLEWOOD CO 80112				3. Date of Earliest T 10/01/2022	ransact	ion (M	onth/Day/Yea		Officer (giv below)		e Other (specify below)				
				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
								1 ′	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(State)	(Zip)									Person				
	7	Гable I -	Non-Derivati	ive Securities A	Acqui	red,	Disposed	of, o	Benef	iciall	y Owned				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	p 7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V		Amount	(A) or (D) Price			Reported Transaction(s (Instr. 3 and 4					
Common Stoc	k		10/01/2022		A		755	A	\$19.84	145 <sup>(1)</sup>	61,162	D			
Common Stoc	k										3,858	I	Babette Brokaw Revocable Trust <sup>(2)</sup>		
		Table	II - Derivativ	e Securities Ad	cquire	d, D	isposed o	of, or I	 Benefic	ially	Owned	-			

## (e.g., puts, calls, warrants, options, convertible securities) 5. Number of 6. Date Exercisable and Expiration Date 3A. Deemed Execution Date, 7. Title and 8. Price of Derivative 9. Number of derivative 3. Transaction

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code ( 8)	Instr.	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

1. Title of

- 1. These shares were issued to the Reporting Person in lieu of his 3rd quarter 2022 board retainer fee of \$10,000 and committee retainer fees of \$5,000 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 \$19.8445.
- 2. These securities are held directly by the above-named trust, of which the Reporting Person is a beneficiary and trustee.

/s/ Daniel E. Smith, attorneyin-fact for George R. Brokaw

10/04/2022

11. Nature of Indirect

10.

\*\* 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.