FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Richardson Andrew C | | | | | | 2. Issuer Name and Ticker or Trading Symbol Alpine Income Property Trust, Inc. [PINE] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|---|--------------|-----------|--|--|--------|--|---|---------|-----------|---|--|--|------------------------------------|--|---------------|--|---|
| Richardson Andrew C | | | | | | | | | | | , i | | 1 | X | Direc | tor | | 10% O | wner |
| (Last) (First) (Middle) 1140 N. WILLIAMSON BLVD., SUITE 140 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021 | | | | | | | | | Office belov | er (give title v) | | Other (below) | specify |
| (Street) DAYTO | YTONA FI 32114 | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | on | |
| (City) | (Sta | ate) (2 | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Ac | quire | d, Dis | sposed of | f, or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Year) | Execution Date, | | · | 3. Transaction Code (Instr. 8) | | | | | nd 5) Securi Benefi | | cially I Following | Form (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code V Amoun | | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111341.4) |
| Common Stock 07/01/202 | | | | | 21 | | | | A | | 865 | A | \$18.77 | ^{78⁽¹⁾} | 8,579 | | | D | |
| 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 | ixercise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) | | | | sunsaction de (Instr. Securitie Acquiret (A) or Dispose of (D) (Instr. 3, and 5) | | vative irities iired ir osed) r. 3, 4 | Expiration Date (Month/Day/Year) Date Expiration | | | 7. Titl Amou Secui Unde Deriv Secui 3 and | int of rities rlying ative rity (Instr. | _ | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V | (A) | (D) | Exer | cisable | Date | Title | Shares | | | | | | |

Explanation of Responses:

1. These shares were issued to the Reporting Person in lieu of his 2nd quarter 2021 retainer fee of \$12,500 and chairman fee of \$3,750 pursuant to the Issuer's non-employee director compensation policy (the "Policy"). 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 \$18.7780.

/s/ Daniel E. Smith, attorney-

in-fact for Andrew C.

Richardson

** Signature of Reporting Person Date

07/02/2021

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.