Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

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

OMB APPROVAL										
OMB Number:	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

1. Name and Address of Reporting Person*  Good Morton Carson					2. Issuer Name and Ticker or Trading Symbol Alpine Income Property Trust, Inc. [ PINE ]										all app	tionship of Reporting P all applicable) Director		rson(s) to Is		
(Last)	(Fir	rst) (ľ	Middle	·)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023									Office	er (give title v)		Other (s below)	specify	
1140 N. WILLIAMSON BLVD., SUITE 140					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person						
DAYTO: BEACH	DAYTONA BEACH FL 32114												Form filed by More than One Reporting Person							
,							Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	on-Deriva	tive S	Secui	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefici	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				Year) Executi		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Disposed Of		Acquired (A) or (D) (Instr. 3, 4 ar		nd 5) Sec Bei Ow		ecurities eneficially wned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Report Transa (Instr. :		ection(s) 3 and 4)			(Instr. 4)	
Common Stock 04/03/202					)23				Α		901	A	\$16.63	3(1)	12,028			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	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, y th/Day/Year)	4. Transa Code ( 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	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	Amount or Number of Shares							

## **Explanation of Responses:**

1. These shares were issued to the Reporting Person in lieu of his 1st quarter 2023 director retainer fee of \$15,000 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 \$16.6330.

/s/ Daniel E. Smith, attorneyin-fact for M. Carson Good

\*\* 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.