FORM 4

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

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

Washington.	D.C. 205	549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b). Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative defense conditions of Rule 10b5-

Check this box if no longer subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

T(C). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Good Morton Carson						2. Issuer Name <b>and</b> Ticker or Trading Symbol Alpine Income Property Trust, Inc. [ PINE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Good	norton Ct	<u> </u>												1	Direc			10% O	
(Last)	(Fir	st) (M	Middle JITE	•	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Office below	er (give title v)		Other ( below)	specify	
,																			
(Street)					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applica Line)				
DAYTO	NA FL	3	2114											1		filed by On		•	
BEACH															Form Perso	n filed by More than One Reporting son			orting
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - N	on-Deriva	tive \$	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/Y				Year)	Execution Date,		``	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				and 5) Securities Beneficial Owned Fo		ties cially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			rted action(s) . 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.01 per share			)24				A		812	A	\$18.46	63 <sup>(1)</sup> 1		17,492		D			
		Tal	ble II	- Derivati											Owne	d			
				(e.g., pı	ıts, ca	alls, v	varra	nts	, opti	ons,	convertib	ole se	curities	s)					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)				ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	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 3rd quarter 2024 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 \$18.46300.

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

10/02/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.