FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ton, D.C. 20549	OMB APPROVAL

- 1	ONDALL										
	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response	. 0.5									

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

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* Yarckin Jeffrey Scott					Alp	2. Issuer Name and Ticker or Trading Symbol Alpine Income Property Trust, Inc. [PINE]								5. Relationship of Re (Check all applicable Director			ng Per	rson(s) to Is		
(Last)	(Fir	rst) (N	Middle	·)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024									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)								Indiv	vidual or Joint/Group Filing (Check Applicable					
(Street)															Form filed by One Reporting Person					
DAYTO: BEACH	DAYTONA FI 32114															Form filed by More than One Reporting Person				
,———	BEACH					Rule 10b5-1(c) Transaction Indication														
(City)	(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	Secur	ities	Ac	quire	d, Dis	sposed of	, or E	Benefici	ally	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution (ear) if any		on Date,		3. Transa Code (8)	action	4. Securities . Disposed Of			and 5) Sec Ben Owi		Amount of curities neficially ned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transa	ported insaction(s) str. 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.01 per share 07/01/202					24				A		975	A	\$15.36	69(1) 16		16,680		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)	Day/Year) Execution Date, if any (Month/Day/Year) 8)		Transa Code ((Instr.	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) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares		t r		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. These shares were issued to the Reporting Person in lieu of his 2nd 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 \$15.3690

/s/ Daniel E. Smith, attorneyin-fact for Jeffrey S. Yarckin

07/02/2024

** 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.