FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

affirmative defens 10b5-1(c). See In	se conditions of Rule estruction 10.			
1. Name and Addre	ess of Reporting Pe	rson *	2. Issuer Name and Ticker or Trading Symbol NextPlat Corp [NXPL]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) (First) 3520 MARY ST.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024	X Officer (give title Other (specify below)
SUITE 410			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
(Street) COCONUT GROVE	FL	33133		Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	(Month/Day/Year) if any		ecution Date, Transaction			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/01/2024		A		7,433	A	(1)	12,433	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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative E		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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (right to buy)	\$3.9	10/01/2024		A		37,163		(2)	11/22/2031	Common Stock	37,163	\$0	92,163 ⁽³⁾	D	

Explanation of Responses:

- 1. On October 1, 2024, the Reporting Person received 7,433 shares of the Issuer's common stock in exchange for 5,000 shares of Progressive Care Inc. in connection with the merger of Progressive Care Inc. into the Issuer (the "Merger"). On the effective date of the Merger, the Issuer's Per Share Value was \$1.48, which is the daily volume weighted average price of the Issuer's common stock for the 20-trading day period ended on the trading day immediately preceding the date of the Merger Agreement on Nasdaq.
- 2. In connection with the Merger, the Report Person received stock options to acquire 37,163 shares of the Issuer's common stock in exchange for stock options to acquire 25,000 shares of Progressive Care Inc. The options are fully vested.
- 3. Represents 75,496 stock options that are fully vested.

/s/ Cecile Munnik

10/03/2024

** 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.