FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SIAILS	SECOIN	IILU	VIAD F		
	W	ashington.	D.C. 205	49	

	JVAL					
	OMB Number:	3235-0287				
	Estimated average burd	len				
	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).

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 10b5-1(c). See Instruction 10.

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

Instruct	alon to.																		
1. Name and Address of Reporting Person* GUTIERREZ BARBARA					2. Issuer Name and Ticker or Trading Symbol LogicMark, Inc. [LGMK]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													Directo	-		10% Ow			
(Last) (First) (Middle) 2801 DIODE LANE				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025							Officer (give title Other (specify below) below)								
2001 DIG	ODE LAIN	L																	
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LOUISV	/ILLE K	Y	40299										Form fi	led by One	e Reporti	ing Persor	1		
LOOID VILLE KI 40277													Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)										. 0.00						
		Tal	ble I - Nor	n-Derivat	ive S	Securities	Acc	quired, C	ispo	sed of	, or Ben	eficiall	y Owned						
Date				2. Transac Date (Month/Da	Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Beneficia Owned F	s ally ollowing	Form: [n: Direct I r Indirect I str. 4)	7. Nature of ndirect Beneficial Ownership				
								Code	/ A	mount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		1	Instr. 4)		
			Table II -			curities /							Owned			,			
Derivative C Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Trai	nsactio le (Insti	n Derivativ Securitie Acquired or Dispo of (D) (In	Derivative		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. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e C s F illy C	O. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	le V	V (A) (I		Date Exercisabl		oiration e	Title	Amount or Number of Shares		(Instr. 4)	on(s)				
Options to	\$1.5	01/02/2025		A		6,667 ⁽¹⁾	П	01/02/2025	01/0	01/2035	Common Stock	6,667	\$0	6,667	7	D			

Explanation of Responses:

1. The stock options were received as compensation for the reporting person's services as a member of the board of directors of the issuer for the quarter ended December 31, 2024, and have an exercise price of

\$1.50 per share, which was the closing price of the issuer's common stock, par value \$0.0001 per share, on such date.

/s/ Barbara Gutierrez

01/06/2025

** 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.