FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

					or Sec	ction a	su(n) c	or the	investme	ent Co	ompany Act o	1940								
Name and Address of Reporting Person* Fagan James C.						2. Issuer Name and Ticker or Trading Symbol AFC Gamma, Inc. [AFCG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>r uguir i</u>	ounies C.				_									X Dire	ctor		10%	Owner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023									Officer (give title below)			(specify v)		
525 OKEECHOBEE BLVD.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SUITE 1650														X Form filed by One Reporting Person						
(Street)	ATM													n filed by M						
ı	WEST PALM BEACH FL 33401				Rul	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 - No	on-Deriva	tive S	ecui	rities	Acc	quired,	Dis	sposed of	, or E	Benefic	ially Ow	ned					
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock 06/20/202						23			A		1,159(1)	A	\$0.0	00 1	1,159		D			
Common Stock													26	26,520		I	See footnote ⁽²⁾			
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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)			Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents restricted stock granted under the Issuer's Stock Incentive Plan and shall vest on the one-year anniversary of June 20, 2023, subject to early termination and adjustment as provided in the applicable restricted stock grant agreement.
- 2. The shares are held directly by Civic Reserve LLC, a Wyoming limited liability company. Civic Reserve LLC is wholly owned by the Reporting Person and the Reporting Person's spouse.

Remarks:

Gabriel Katz as attorney-infact for James Fagan

06/21/2023

Date

** Signature of Reporting Person

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

- * 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.