FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, E | D.C. 20549 |
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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). | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Name and Address of Reporting Person* <u>Kirby Kevin Scott</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Abacus Life, Inc. [ABL] | | | | | | | | | | ationship k all app Direc | licable) | | erson(s) to Is | | |
|---|---|-------------------------|--|---------------------------------|---|--|---|--|---------------------------|--|------------|--|------------|---------------------|---|---|---|--|--|--|
| (Last) 2101 PA | nst) (First) (Middle) 01 PARK CENTER DRIVE, SUITE 170 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023 | | | | | | | | | X | belov | er (give title v) o-Founder | and | Other (sbelow) President | specify | |
| | DRLANDO FL 32835 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | nded to | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Exec ay/Year) if an | | Deemed ecution Date, ny onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Secur Benef | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | action(s) 3 and 4) | | | (1130.4) | | |
| Common | Stock | rock 10/13/2023 | | | | | S | | 700,500 | D | | \$0 | 12,593,250 | | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | (Month/Day/Year) if any | | emed ion Date, /Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rities ired r osed) : 3, 4 | Expirati (Month/ | ate Exercisable and iration Date nth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In tr. | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | Date Exercis | Expiration able Date Titl | | Title | of Shares | s | | | | | | | |

Explanation of Responses:

Remarks:

Reflects a true up transfer to the intended allocation of shares of Issuer common stock pursuant to the terms of the Agreement and Plan of Merger, dated as of August 30, 2022 (as amended), by and among the Issuer, LMA Merger Sub, LLC, Longevity Market Assets, LLC and Abacus Settlements, LLC.

/s/ Jay Jackson, Power of

Attorney for Kevin Scott

Kirby

** Signature of Reporting Person

10/13/2023

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.