## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

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

1. Name and Address of Reporting Person*  LEVINE JACK			2. Issuer Name and Ticker or Trading Symbol Strawberry Fields REIT, Inc. [ STRW ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) 3050 BISCAYNE BLVD, SUITE 302			3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024	Officer (give Other (specify title below) below)				
(Street) MIAMI (City)	FL (State)	33137 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Gro (Check Applicable Line) X Form filed by One Person Form filed by Mol Reporting Persor	e Reporting			

Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.   Disposed Of (D)		9) Beneficially 5) Owned		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	12/05/2024		P		5,000	A	\$10	108,927	I	Cameo Life Sciences Investment, LLC	
Common Stock	12/06/2024		P		1,073	A	\$9.5	110,000	I	Cameo Life Sciences Investment, LLC	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		ansaction of ode (Instr. 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. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

**Explanation of Responses:** 

Remarks:

/s/ Jack Levine
\*\* Signature of Reporting Person

12/09/2024

Date

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

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).