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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average burden 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction

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

1. Name and A	Address of Repor	ting Person [*]	2. Issuer Name and Ticker or Trading Symbol Strawberry Fields REIT, Inc. [STRW]	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 3050 BISCAYNE BLVD, SUITE 302 (Street)		,	3. Date of Earliest Transaction (Month/Day/Year) 05/19/2025	A	Officer (give title below)	Other (specify below)		
(Street)			4. If Amendment, Date of Original Filed (Month/	6. Indi	vidual or Joint/Group Fi	lina (Check		
MIAMI	FL	33137	Day/Year)		able Line)	3 (-		
IVII/AIVII	T L	33137		X	X Form filed by One Reporting Person			
(City)	(State)	(Zip)			Form filed by More than One Reporting Person			

Table I – Non-	Derivative S	ecuritie	s Acqı	uire	d, Dispo	sed o	f, or Be	neficially Ov	vned	
1. Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year) 2A. Deemed Execution Date, if any 3. Transacti Code (Insert) 8)				4. Securities Disposed O and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		(Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	05/19/2025		P		10,000	A	\$10.07	120,000	I	Cameo Life Sciences Investment, LLC

		Table I				Acquired, Dispo nts, options, co	•		y Owned		
1. Title of Derivative Security (Instr. 3)	1	3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed	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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

		of (D (Instr 4 and t	. 3,					(Instr. 4)
Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Explanation of Responses:

Remarks:

/s/ Jack Levine

05/20/2025

** 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.