FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ngton,	D.	C.	2054	9						

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-0287
Estimated average bu	ırden
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).

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

Name and Address of Reporting Person* Conway Kiernan						2. Issuer Name and Ticker or Trading Symbol <u>UMH PROPERTIES, INC.</u> [UMH]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Conway Kieman															X Directo	or		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2023										Officer below)	(give title		Other (s below)	specify	
3499 RT. 9 NORTH						Λωοι	ndmon	t Date	a of Or	riginal E	ilad	(Month/	Day/Vos	ar)	6 Ir	6 Individual or Joint/Crown Filing (Chaels Applicable					
SUITE 3C					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
00111100																X Form filed by One Reporting Person					
(Street)						Form filed by More than One Reporting Person											rting				
FREEHO	OLD N	J	07728		-																
					- Ru	Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate)	(Zip)		1,,																
						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.															
						tive Securities Acquired, Disposed of, or Beneficially Owned															
		Tabl	le I - No	n-Deriv	ative	Sec	curiti	es A	cquii	red, D	oisp	osed	of, or	Ben	eticial	ly Owned	d				
1. Title of	Security (Ins	tr. 3)		2. Trans	action								rities Ad		d (A) or r. 3, 4 and	5. Amou Securiti				7. Nature of Indirect	
				(Month/I	Day/Year					Code (Instr. 5)			eu Oi (D) (IIISU	. 3, 4 anu	Benefic	ially (D) o Following (I) (Ir		r Indirect	Beneficial Ownership (Instr. 4)	
						(Month/Day/Year)			ar) 8)) 8)						Owned Reporte					
								c	ode	v	Amoun	t	(A) or (D)	Price		action(s) 3 and 4)			`		
IDAILD				05/25	/2022			Φ15 D	<u>'</u>			<u></u>									
UMH Properties, Inc. 05/22/2					/2023					S		2,50	2,500 ⁽¹⁾ D \$		\$15.3	34 492			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owne												Owned									
				(e.g., p																	
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5.		6. Dat	te Exerc	isab	le and	7. Title	and A	mount	8. Price of	9. Number	of	10.	11. Nature	
Derivative	Conversion	Date	Date,	Transac Code (Ir		Number		Expiration Date				of Securities			Derivative Security	derivative		Ownership	of Indirect Beneficial		
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year) 8						ısır.	of Deriv		(Month/Day/Year)			Derivative Sec			(Instr. 5)	Securities Beneficially		Direct (D) Owne	Ownership		
	Derivative Security						Secu Acqu						(Instr. :	3 and 4	4)		Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Coounty						(A) or	r											(., (
							Dispo)							Transaction(s) (Instr. 4)						
						(Instr. 3, 4 and 5)															
				ŀ				 						1	Amount						
															or						
									Date			iration			Number of						
					Code	٧	(A)	(D)	Exerc	cisable	Dat	е	Title	1	Shares						
UMH Properties, Inc.	\$14.36								03/21	1/2024	03/2	21/2033	UMI Propert Inc.	ties,	10,000		10,000		D		

Explanation of Responses:

1. Sale of shares

Nelli Madden

05/22/2023

** 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.