FORM 4

☐ 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 10.

OMB APPROVAL
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LANDY SAMUEL A				Į	UMH PROPERTIES, INC. [UMH]							ľ	(check an app	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							-	X Director 10% Owner					
(East) (First) (Made)													X_ Officer (give title below) Other (specify below) President and CEO					
3499 ROUTE 9 NORTH, STE 3C					5/13/2024													
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)							YY)	6. Individual or Joint/Group Filing (Check Applicable Line)					
FREEHOLD, NJ 07728													_X _ Form filed by One Reporting Person					
(City) (State) (Zip)											Form filed by More than One Reporting Person							
													ficially Owne					
1. Title of Security (Instr. 3)			2. Tra	2. Trans. Date		e 2A. Deemed Execution		ode		rities Acqui osed of (D)	ed of (D) Foll		 Amount of Securities Beneficially Of Following Reported Transaction(s) 		Owned	6. Owners	7. 1 vnership Ind	Nature of irect
					Date, if any				(Instr. 3, 4 and 5)			(Instr. 3 and 4)						neficial nership
								(A) or						rect (Ins	str. 4)			
							Code	V	Amour	t (D)	Price	+				4)		
UMH Properties, Inc.			5/13	3/2024			G		5,200	<u>D</u>	\$15.7				74,565.32	D	Hol	ld by
UMH Properties, Inc.															10,988.33	I		ouse
UMH Properties, Inc.															44,166.97	I		ld with ouse
UMH Properties, Inc.															46,279.43	I		e Landy 2 Family 1st
UMH Properties, Inc.															48,000	I	of I Gra	-Manager EWL andchildren nd LLC
	Т-1-1	. II D	· 4: G-	•4• _	. D	6: . : . 1	II O	1 (11		.4	.:	4°L1	:4:)			
Title of Derivate	2.	3. Trans.	3A. Deemed			5. Num	•		g., puts Date Exe				nount of		9. Numbe	er of 10		11. Nature
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Ex	Execution Date, if any	Code (Instr. 8		Deriva Acquir Dispos	rivative Securities quired (A) or sposed of (D) str. 3, 4 and 5)					ties Und ative Sec	lerlying curity		derivative Securities Beneficiall Owned Following	e Over For Indiana Second	vnership rm of erivative curity: rect (D)	
				Code	v V	(A)	(D)	Da Exe		Expiration Date	Title		Amount or Number of Shares		Reported Transaction (Instr. 4)	or	Indirect (Instr.	
UMH Properties, Inc.	\$14.36							3/2	21/2024	3/21/2033	Prop	MH perties, nc.	29,500		29	,500	D	
UMH Properties, Inc.	\$13.09							4/	2/2019	4/2/2028	Prop	MH perties, nc.	50,000		50	50,000 D		
UMH Properties, Inc.	\$15.04							4/	4/2018	4/4/2027	Prop	MH perties, nc.	50,000		50,000		D	
UMH Properties, Inc.	perties, \$14.25							1/1	19/2018	1/19/2027	Prop	MH perties, nc.	50,000		50	,000	D	

Explanation of Responses:

(1) Gift transfer.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LANDY SAMUEL A 3499 ROUTE 9 NORTH STE 3C FREEHOLD, NJ 07728	X		President and CEO				

Signatures

Nelli Madden	5/14/2024		
**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 control number.