FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 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

Name and Address of Reporting Person*     Cano Health, Inc.					2. Issuer Name and Ticker or Trading Symbol MSP Recovery, Inc. [ LIFW ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last)	(Fir	,	Middle)	1	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024							Office below	er (give titl v)	le	Othe	r (specify v)			
9725 NW 117TH AVENUE					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person					
MIAMI	FL	3	3178			Form filed by More than One Rep Person										eporting			
(City) (State) (Zip)					Ru	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 - No	on-Deriva	tive	Secui	rities	Ac	quire	d, Dis	sposed of	, or B	eneficia	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,		Transaction Disposed Of Code (Instr. 5)		s Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A Common Stock 03/27/200					)24			S		24,935	D	\$0.7(1)	2,069,309		I		See Footnote <sup>(2)</sup>		
Class A Common Stock 03/28/20				)24			S		25,778	D	\$0.69	2,043,531		I		See Footnote <sup>(2)</sup>			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, if any					Transaction Code (Instr.		rative rities rired rosed ) r. 3, 4	Expir	te Exer ation D th/Day/		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.69 to \$0.7344. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range
- 2. Reflects securities held directly by Cano Health, LLC, an indirect subsidiary of the Issuer.
- 3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.683 to \$0.701. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Cano Health, Inc., By: /s/ David J. Armstrong, Name: David J. Armstrong, Title:

03/29/2024

General Counsel

\*\* 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.