Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

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 Address of Reporting Person* WATKINS BARRY | | | | | | 2. Issuer Name and Ticker or Trading Symbol VECTOR GROUP LTD [VGR] | | | | | | | | | ck all app Direc | ationship of Reporti (all applicable) Director | | 10% O | vner |
|--|--|---------|---------|---|---|--|----------------------|--|-------------------------|------------------------------------|----------|------------|---|---|---------------------|--|--|-------------------|---------|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2022 | | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| 4400 BISCAYNE BLVD; 10TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) MIAMI | FL | 3 | 3137 | | | | | | | | | | X | , | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe ny/Year) if an | | A. Deemed execution Date, fany Month/Day/Year) | | 3. 4. Securitie Disposed Code (Instr. 8) | | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Form (D) o | vnership n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | |
| Common Stock 12/15. | | | | | /2022 | | | | A ⁽¹⁾ | | 7,500 | A \$ | | \$0.00 | 0 21,673 | | | D | |
| | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Expirati (Month/ | on Da | | | str. | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | | | Date Exercisa | able | Expiration Date Title Number Share | | . | | | | | | | |

Explanation of Responses:

1. On December 15, 2022, the Issuer granted the Reporting Person a restricted stock award of 7,500 shares of Issuer Common Stock pursuant to Issuer's 2014 Management Incentive Plan. The award will vest in two annual installments on each of June 28, 2023 and June 28, 2024, subject to the Reporting Person's continued service through each such vesting date or earlier vesting upon the Reporting Person's death or disability or a change-of-control.

Exhibit 24 - Limited Power of Attorney (previously filed as Exhibit 24 to Form 3 dated March 14, 2018)

/s/ J. Bryant Kirkland III, 12/16/2022 **Attorney in Fact**

** 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.