FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 2	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL							
1	OMB Number: 3235-0287							
[Estimated average burden							
1	nours per response	: 0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWN
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	2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* KIRKLAND J BRYANT III				suer Name and Tick CTOR GROU		,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) C/O VECTOR GROUP LTD. 4400 BISCAYNE BLVD; 10TH FLOOR				te of Earliest Trans	action (Month	/Day/Year)	X	Officer (give title below) See R	below		
——————————————————————————————————————			4. lf A	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable			
(Street) MIAMI	FL	33137					Line) X	Form filed by One Form filed by Mon Person			
(City)	(State)	(Zip)						1 613011			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				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)
Common Stock	08/30/2022		P		2,500	A	\$9.9796	402,537	D	
Common Stock	08/31/2022		P		5,000	A	\$9.81 ⁽¹⁾	407,537	D	
Table II - Derivative Securities Acquired Disposed of or Beneficially Owned										

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 11. Nature Conversion Transaction Code (Instr. Ownership Derivative **Execution Date**, Expiration Date (Month/Day/Year) Amount of Derivative derivative of Indirect Beneficial (Month/Day/Year) if any (Month/Day/Year) Security (Instr. 3) or Exercise Price of Derivative Security (Instr. 5) Securities Securities Form: Securities Acquired Underlying Beneficially Direct (D) Ownership Derivative or Indirect (I) (Instr. 4) Derivative Owned (Instr. 4) (A) or Disposed of (D) (Instr. 3, 4 and 5) Security (Instr. 3 and 4) Security Following Reported Transaction(s) (Instr. 4) Amount Number

Date

Exercisable

Expiration

Date

Title

Shares

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$9.76 to \$9.86, inclusive. 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 purchased at each separate price within the ranges set forth in this footnote.

(D)

(A)

Senior Vice President, Treasurer & CFO

09/01/2022 /s/ J Bryant Kirkland III

** 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).

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Code

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.