## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPRO	/AL
OMB Number:	3235-028
Estimated average burden	
hours per response:	0.

1. Name and Address of Reporting Person <sup>*</sup> SNYDER STEPHEN ANDREW				Name <b>and</b> Ticker o loud, Inc. [ M		bol		tionship of Reporting Person(s) to Issuer : all applicable) Director 10% Owner			
(Last)	3. Date of 10/06/20	Earliest Transactio	n (Month/Day/	Year)		Director Officer (give title below)		(specify			
7 CLYDE ROAD			4. If Amer	ndment, Date of Ori	ginal Filed (Mo	nth/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)							X	Form filed by One I Form filed by More		ng Person	
SOMERSET	NJ	08873									
(City)	(State)	(Zip)									
		Table I - No	n-Derivative S	ecurities Acqu	uired, Disp	osed of, or Beneficia	lly Ow	ned			
1. Title of Security	(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		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)   Series B Cum Redeemable Perp Pref Stock [MTBCO] 10/06/2022 S <sup>(1)</sup> S <sup>(1)</sup> 1,600 D \$25 <sup>(2)</sup> 6,917 D Code									(whership		
$1 \qquad 1 \qquad$				Code	v	Amount	(A) or (D)	Price			(instr. 4)
	· · · ·	10/06/2022		S <sup>(1)</sup>		1,600	D	\$25 <sup>(2)</sup>	6,917	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivat Securit Acquir or Disp	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date Securit (Month/Day/Year) Derivat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Amount or Number Title of Shares			Transaction(s) (Instr. 4)		

## Explanation of Responses:

1. The sales reported on this Form 4 were made pursuant to a written trading plan adopted by the Reporting Person on August 23, 2022, in accordance with Rule 10b5-1.

2. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$25.00 to \$25.05, inclusive. The reporting person undertakes to provide to any security holder of CareCloud, Inc. 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 ranges set forth above.

<u>/s/ Norman Roth, Attorney-in Fact</u>	10/07/2022
for Stephen Andrew Snyder	10/07/2022

\*\* 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.