FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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#### 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 for the purchase or sale of equity securities of the issuer that is intended to satisfy the

## 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

affirmative defense of 10b5-1(c). See Instr								
1. Name and Address Sharnak Lawre			2. Issuer Name <b>and</b> Ticker or Trading Symbol CareCloud, Inc. [ CCLD ]		ionship of Reporting Person(s) all applicable) Director	) to Issuer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/13/2023		Officer (give title below)	Other (specify below)		
7 CLYDE ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street)				^	Form filed by More than One Reporting Pe			
SOMERSET	NJ	08873			Tom med by more than on	5 Troporting Foreign		
(City)	(State)	(Zip)						

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed Execution Date (Month/Day/Year) if any (Month/Day/Year)		cution Date, Transaction		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	12/13/2023		P		25,000	A	\$0.71(1)	59,000	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction	3A. Deemed	4.	4. 5. Number o		ber of			7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	ı
- 1	Derivative	Conversion	Date	Execution Date,	Transaction		Derivative		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	L
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Instr. Sec		Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	L
- 1		Price of		(Month/Day/Year)	8) Acquired (A)		(1:		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	L		
		Derivative			or Disposed of		1 1					Owned	or Indirect	(Instr. 4)	L		
- 1		Security			(D) (Instr. 3, 4		,4		i			Following	(I) (Instr. 4)		L		
					and 5)							Reported			L		
- 1													1	Transaction(s)			L
- 1						l						Amount		(Instr. 4)			1
- 1						l						or					1
- 1						l			Date	Expiration		Number					1
					Code	l v	(A)	(D)	Exercisable	Date	Title	of Shares					ı
- L											<u> </u>				l		4

# Explanation of Responses:

1. The price reported in column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$0.70 to \$.71, 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 purchased at each separate price within the ranges set forth above.

/s/ Norman Roth Attorney-In-Fact for Lawrence S. Sharnak 12/13/2023

\*\* 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.