FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OI	MR	AP	PR	O	/Α

OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

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 affirmative defense conditions of Rule

#### 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

10b5-1(c). See Inst	ruction 10.							
1. Name and Address of Reporting Person *  MUNTER CAMERON			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CareCloud, Inc.</u> [ CCLD ]	(Check	tionship of Reporting Person(s all applicable)	s) to Issuer		
(Last)	(First) (Mi		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024	X	Director Officer (give title below)	Other (specify below)		
7 CLYDE ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SOMERSET	NJ	08873		X	Form filed by One Reportir Form filed by More than Or	·		
(City)	(State)	(Zip)						

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Code (Instr.		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	02/01/2024	M		7,500	A	<b>\$0</b> (1)	171,500	D	
Common Stock	02/02/2024	M		5,000	A	<b>\$0</b> <sup>(2)</sup>	176,500	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)				6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Unit	\$0 <sup>(1)</sup>	02/01/2024		М			7,500	(1)	(1)	Common Stock	7,500	<b>\$0</b> <sup>(1)</sup>	22,500	D	
Restricted Stock Unit	\$0 <sup>(2)</sup>	02/02/2024		М			5,000	(2)	(2)	Common Stock	5,000	\$0 <sup>(2)</sup>	5,000	D	

#### **Explanation of Responses:**

- 1. Represents the conversion upon vesting of restricted stock units into common stock on February 1, 2024. These restricted stock units and the shares of common stock issued upon vesting of such units were acquired under the Company's Amended and Restated Equity Incentive Plan, without payment by the reporting person.
- 2. Represents the conversion upon vesting of restricted stock units into common stock on February 2, 2024. These restricted stock units and the shares of common stock issued upon vesting of such units were acquired under the Company's Amended and Restated Equity Incentive Plan, without payment by the reporting person.

/s/ Norman Roth Attorney-In-Fact for Cameron Munter 02/05/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.