FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* SNYDER STEPHEN ANDREW		2. Date of Event Requiring Statement (Month/Day/Year) 05/01/2024	3. Issuer Name and Ticker or Trading Symbol CareCloud, Inc. [CCLD]						
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
7 CLYDE ROA	ıD			X	Officer (give titl below)	tle	10% Owner Other (specify below)		vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person
(Street) SOMERSET	NJ	08873			President			A	Form filed by More than One Reporting Person
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock	229,495	D	
Series B Cum Redeemable Perp Pref Stock [CCLDO]	22,990	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	I I		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	
Restricted Stock Unit	(1)	(1)	Series B Cum Redeemable Perp Pref Stock [CCLDO]	12,000	0(1)	D	

Explanation of Responses:

1. The restricted stock unit was granted on May 8, 2024 and vests in early 2025 upon attainment of certain performance targets.

/s/ Norman Roth, Attorney-in Fact for Stephen Andrew Snyder 05/10/2024

** Signature of Reporting Person Date

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

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).