FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

	tion 1(b).	iluc. See		Filed							ties Exchange ompany Act of		1934		nours	per resp	oonse:	0.5	
Name and Address of Reporting Person* Quesada Frank Carlos					2. Issuer Name and Ticker or Trading Symbol MSP Recovery, Inc. [LIFW]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last)	(Last) (First) (Middle) C/O MSP RECOVERY					3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023								X Officer (give title Other (specify below) Chief Legal Officer					
2701 S I	E JEUNE 1	ROAD, 10TH FI	LOOR	!	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CORAL GABLES FL 33134-5809												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)		ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	on-Deriva	tive	Secu	rities	Acc	quirec	d, Dis	posed of	, or Be	nefic	ally Owr	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution Date,				3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.			d 5) Secur Benet Owne	urities Fo eficially (D) ned Following (I)		Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		orted Isaction(s) tr. 3 and 4)			(Instr. 4)	
MSP Rec	overy, Inc.			09/29/20	023				P		6,868,132	A	\$0.2	0.2184 7,007,041 D					
		Tal	ble II								osed of, o				d				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date A S U U D S S 3			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nt	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y O F D oi (!)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
						l .	1	l					or Number						

Explanation of Responses:

/s/ Frank C. Quesada

10/02/2023

** Signature of Reporting Person Date

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

Code V

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.

^{*} 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).