Instruction 1(b).

FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

OMB APPROVAL

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

Name and Address of Reporting Person*     Cano Health, Inc.				2. Issuer Name and Ticker or Trading Symbol  MSP Recovery, Inc. [ LIFW ]									Relationshi heck all app Dired	olicable)	•		Owner		
(Last)	(Fir	st) (N	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024									Office below	er (give titl v)	e	Othe belov	r (specify v)	
9725 NW 117TH AVENUE					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. In Line								Individual or Joint/Group Filing (Check Applicable					
(Street)														X Form	filed by C	ne Re	porting Pe	erson	
MIAMI														Form filed by More than One Reporting Person					
(City) (State) (Zip)					Ru	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 - N	lon-Deriva	tive	Secui	rities	Ac	quire	ed, Di	sposed of	f, or E	Benefici	ally Own	ed				
Date			2. Transaction Date (Month/Day/Y	Execution (Fear)		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								-	Code	v .	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Class A Common Stock 01/03/20			01/03/202	)24				S		40,000	D	\$2.104(	7,96	7,960,000		I	See Footnote <sup>(2)</sup>		
		Tal	ble I	I - Derivati (e.g., pu							oosed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y nth/Day/Year)	e, Transaction Code (Instr. 8)		of Expi Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Secu Unde Deriv	rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		

## Explanation of Responses:

- 1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.10 to \$2.15. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer 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 range set forth in this footnote.
- 2. Reflects securities held directly by Cano Health, LLC, an indirect subsidiary of the Issuer.

## Remarks:

Cano Health, Inc., By: /s/ David J. Armstrong, Name: David J. Armstrong, Title: General Counsel

01/05/2024

General Counsel

\*\* 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.