FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person Oliver SPV Holdings LLC	* 2. Date of Requiring (Month/Date 05/27/20	Statement ay/Year)	3. Issuer Name and Ticker or Trading Symbol  MSP Recovery, Inc. [ MSPR ]							
(Last) (First) (Middle)		022	Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)			
O22 OEIVER STREET		Director X Officer (give			X 10% Owner Other (specify					
(Street) WOODMERE NY 11598			title below)		below)	specify	X	Person	y One Reporting  y More than One	
(City) (State) (Zip)								r toporting r	olocii	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Ins 4)	neficially Owned (Instr. Form:		Direct Own Indirect		Nature of Indirect Beneficial wnership (Instr. 5)			
Class A Common Stock			549,998		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		e	Title and Amount of Securities     Underlying Derivative Security (Instr. 4)			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
		Expiration Date	Title		ount or ober of res	Deriva Securi	tive	or Indirect (I) (Instr. 5)	5)	
Warrants	06/22/2022	05/23/2027	Class A Common Stock	58,9	990,077	11	.5	D		

**Explanation of Responses:** 

/s/ Alan Rubenstein, as

<u>Manager</u>

07/12/2022

\*\* 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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).