FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per response: 0.5

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* <u>Anderson James Stephen</u>			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/25/2021 3. Issuer Name and Ticker or Trading Symbol Lionheart Acquisition Corp. II [LCAP]					
(Last) 4218 NE 2 (Street) MIAMI (City)	(First) 2ND AVENU	(Middle) E 33137 (Zip)	-		4. Relationship of Reportsuer (Check all applicable) X Director Officer (give title below)	10% (Owner 6 (C)	. Individual or Jo Check Applicable X Form filed Person	pint/Group Filing e Line) by One Reporting by More than One
		Та	ıble I - Non	-Derivati	ve Securities Bene	ficially O	wned		
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Inst 4)		Direct Own	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
					Securities Benefic nts, options, conve				
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount o Underlying Derivative (Instr. 4)		4. Conversion or Exercise		6. Nature of Indirect Beneficial Ownership (Instr.	
			(•			Price of	l n ·	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ James Stephen

07/06/2021

** 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 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).

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.