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*  BERRARD STEVEN R		2. Date of Event Requiring Statement (Month/Day/Year) 08/13/2020  3. Issuer Name and Ticker or Trading Symbol Lionheart Acquisition Corp. II [ LCAPU ]								
(Last) 4218 NE 2 (Street) MIAMI (City)	(First) PND AVENUE  FL  (State)	(Middle) E 33137 (Zip)	-		4. Relationship of Reportin Issuer (Check all applicable)  X Director  Officer (give title below)	10% C	Owner 6. (C)	Individual or Jo Check Applicable X Form filed Person	pint/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			[	2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date	Expiration		Amount or Number of	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Steven Berrard

08/13/2020

\*\* Signature of Reporting

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.