FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | 0.5 | | | | | | | | |

| | tion 1(b). | unde. See | | Filed | | | | | | | ies Exchang mpany Act o | | | 4 | | nours | s per re | esponse: | 0.5 |
|---|---|---|--------|---------------------------------|---|------|---|-----------------|--|--------------------|----------------------------|---|--|-----------------|--|--|------------|--|--------------------------------------|
| | nd Address (| of Reporting Person Ξ \overline{JR} | * | | | | | | ker or Tra | | | | | | ck all app | licable) | ng Pe | erson(s) to Is | |
| (Last) (First) (Middle) C/O INNOVATE CORP. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2023 | | | | | | | X | X Officer (give title below) President | | | below) | specify | | |
| 295 MADISON AVENUE, 12TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) NEW YO | ORK N | Y | 10017 | | | | | | | | | | | X | | filed by Mo | | porting Pers an One Rep | |
| (City) | (8 | State) (| (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | | | | | | saction was mons of Rule 1 | | | | | uction or writ | ten pla | an that is inte | nded to |
| | | Table | l - No | n-Deriva | tive S | Secu | rities | Acc | μired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst | | | | 3, 4 and Sec Ben Owr | | rities ficially ed Following | | ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) (D) |) or) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 03/15/ | | | | 5/2023 | | | A | | 88,737(1 |) / | A | \$ <mark>0</mark> | 426,910 | | | D | | | |
| | | Та | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | emed ion Date, /Day/Year) | n Date, Transac | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) | | De Se (II | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Reflects shares of restricted stock granted pursuant to the INNOVATE Corp. (f/k/a HC2 Holdings, Inc.) 2014 Omnibus Equity Award Plan (the "Plan"). Shares will vest and become exercisable in three installments of one-third each on the first, second and third anniversaries of the Date of Grant (each a "Vesting Date"), subject to the continued employment of the Reporting Person on the applicable Vesting Date

Remarks:

03/31/2023 Wayne Barr, Jr.

** 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.