FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL				
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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* Wilkinson Amy Marie		2. Date of Event Requiring Statement (Month/Day/Year) 08/02/2022 3. Issuer Name and Ticker or Trading Symbol INNOVATE Corp. [VATE]								
(Last) (First) (Middle) C/O INNOVATE CORP.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
295 MADISON AVENUE, 12TH FLOOR				1		(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting			
(Street) NEW YORK	NY	10017						Person	by More than One Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li	Direct C			
1. Title of Sec	urity (Instr. 4)			erivative	Beneficially Owned (Instr.	Form: D (D) or In (I) (Insti	Direct Condirect r. 5)			
	urity (Instr. 4)	(e.g.		erivative s, warrar	Beneficially Owned (Instr. 4) Securities Beneficia	Form: I (D) or Ir (I) (Instr ally Own ible sec	Direct Condirect r. 5)	5. on Ownership		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Amy Marie Wilkinson

08/10/2022

** 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.