FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

| Check this box if no longer subject | |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* BARR WAYNE JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol INNOVATE Corp. [VATE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--------------------------------------|-------------------------|--|--|--|----------------------------|--------|---|---|------------------|---|--|---|--|--|-------------------|-------------|--|
| DAIN | | | | | | | | | | | X Direc | ctor | | 10% O | wner | | | | | |
| (Last) | (Fi | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | + | X Officion below | icer (give title ow) | | Other (below) | specify | |
| C/O INN | 03/1 | 03/11/2022 | | | | | | | | | | President and CE | | | .О | | | | | |
| 295 MA | DISON AV | | | | | | | | | | | | | | | | | | | |
| (Street) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| NEW YO | ORK N | Y 1 | 0017 | | | | | | | | | | | | X Form | filed by On | e Rep | orting Pers | on | |
| , | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | eficia | ally Own | ed | | | | |
| Dat | | | Date | Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securiti Disposed 5) | | | | | d Securi Benefi | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or | Price | Transa | action(s) 3 and 4) | | | (111341. 4) | |
| Common Stock 03/ | | | | | /2022 | | | | A | | 72,626(1 | 1) A | | \$0 | 34 | 12,185 | 2,185 | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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:

Wayne Barr, Jr.

03/15/2022

** 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 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.