FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | O.E | | | | | | | | | |

| | tion 1(b). | nuc. See | | Filed | | | | | | | ities Exchang ompany Act o | | f 1934 | | nours | s per re | sponse: | 0.5 |
|--|---|--|---|---|--|--------------------------|--|---|---------------|--|-------------------------------|------------------------------|---|---|--|-----------------------|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Gable Robert Blakeslee | | | | 2. Issuer Name and Ticker or Trading Symbol CTO Realty Growth, Inc. [CTO] | | | | | | | | Relationshi Check all app | , | ng Pei | rson(s) to Is | | | |
| (Last) (First) (Middle) P.O. BOX 10809 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 | | | | | | | | \dashv | | officer (give title elow) | | Other (specify below) | | |
| (Street) DAYTO BEACH (City) | FL | | 2120 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ne) X Forn Forn | al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secu | rities | Acc | quirec | d, Dis | sposed of | , or B | enefic | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day. | | | · | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | d 5) Secur Benef Owne | icially d Following | Forn (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common | Common Stock 04/01 | | | 04/01/2 | 021 | 21 A 269 A \$5 | | \$53.2 | 29(1) 6,210 | | | D | | | | | | |
| | | Tal | ole II | | | | | | | | osed of, convertib | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Code (Instr. | | 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) | | | e and nt of ities lying tive ty (Instr. 4) | 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) | Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Number of Shares | | | | | |

Explanation of Responses:

1. These shares were issued to the Reporting Person in lieu of his 1st quarter 2021 board retainer fee of \$10,000 and committee retainer fees of \$4,375 pursuant to the Issuer's Non-Employee Director Compensation Policy (the "Policy") adopted by the Issuer's board of directors on February 27, 2019 (last amended February 10, 2021). Pursuant to the Policy, the share price utilized to calculate the number of shares issued was the 20-day trailing average closing price as of the last day of the quarter, or \$53.29.

/s/ Daniel E. Smith, attorneyin-fact for R. Blakeslee Gable

04/02/2021

** 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 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.