FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	S IN BENEFICIA	AL OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
houre per response.	0.5						

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*  WILLITE WILL CON.					2. Issuer Name <b>and</b> Ticker or Trading Symbol VECTOR GROUP LTD VGR								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WHITE WILSON					[ , , , ,								Dire	ctor		10% Ov	wner			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							1	Office belo	cer (give title w)		Other (s	specify			
C/O VECTOR GROUP LTD.						08/28/2024														
4400 BISCAYNE BLVD; 10TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)															Line)					
MIAMI	FL	3	3137												Form filed by One Reporting Person					
	1.1.														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or	Ben	eficia	lly Owi	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	Secur Bene Owne	ficially ed Following	Form (D) or	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D) Pri		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 08/28/2						2024			A 7		7,500	1	A	\$0.00	(1)	26,000		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
						, v		-	-			1		<u> </u>		1			1	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		of	r osed (1. 3, 4	6. Date Expirat (Month	ion Da			f 9	8. Price of Derivative Security (Instr. 5)		y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares						

## **Explanation of Responses:**

1. On August 28, 2024, the Issuer granted the Reporting Person a restricted stock award of 7,500 shares of Issuer Common Stock pursuant to Issuer's 2023 Management Incentive Plan. The award will vest in two equal annual installments commencing on August 28, 2025, subject to the Reporting Person's continued service through each such vesting date or earlier vesting upon the Reporting Person's death or disability or a change-of-control.

## Remarks:

Exhibit 24 - Limited Power of Attorney (previously filed as Exhibit 24 to Form 3 dated June 21, 2021)

/s/ J Bryant Kirkland III, Attorney in Fact for Wilson L. 08/28/2024 White

\*\* 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.