FORM 4

TIES AND EVOLUNIOE COMMISSION **UNITED STATES SECU**

Washington, D.C. 20549

ΚI	HES	AND	EXC	HANGE	COMIN	MISSION

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 11	Estimated average burden									

0.5

hours per response:

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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* CARLUCCI PAUL V						2. Issuer Name and Ticker or Trading Symbol VECTOR GROUP LTD [VGR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CARLUCCI PAUL V											,				√	Direct	tor		10% O	wner
(Last) (First) (Middle) C/O VECTOR GROUP LTD.					3. Date of Earliest Transaction (Month/Day/Year) 08/28/2024									Office below	er (give title		Other (s below)	specify		
4400 BISCAYNE BLVD; 10TH FLOOR																				
- TIOO DI	CHINE B	EVD, TOTTITE			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														["		Form	filed by One	e Rep	orting Pers	on
MIAMI	FL	3	3137												_ ,		filed by Mo		Ü	
(City)	(Sta	ate) (Ž	Zip)													0.00				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Ben	efici	ally C)wn	ed			
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)				4 and Securit		ties Fo cially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D) Pri		Price	Tr	Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock 08/28/2					2024				A		7,500	I	A	\$ <mark>0.0</mark>	0(1)	38,3	92.847		D	
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)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any			ion Date,		nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price Derivativ Security (Instr. 5)		derivative Securities	Owi For Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nu 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 March 14, 2018)

/s/ J Bryant Kirkland III, 08/28/2024 Attorney in Fact for Paul V. Carlucci

** 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.