FORM 4

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

ashington,	D.C.	20549	
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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*  LAMPEN RICHARD					2. Issuer Name <b>and</b> Ticker or Trading Symbol VECTOR GROUP LTD [ VGR ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>L// (IVII</u>	LIVINICI	THED								_	-			X	Direc	tor		10% O	wner
(14)	/F:-	-4) (1)	A: -1 -11 - N			2. Data of Farlicat Transaction (Month/Day/Year)								X	Office	er (give title		Other ( below)	specify
(Last)	(Fir	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/27/2022							EVP/CC				, ,	
C/O VECTOR GROUP LTD.				00/2	OSIZ II ZOZZ										DVI	,00			
4400 BISCAYNE BLVD; 10TH FLOOR				<u> </u>															
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
MIAMI	FL	3	3137											X	Form	filed by On	e Rep	orting Pers	son
-															Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	on-Deriva	tive \$	Secur	rities	Acc	quirec	d, Dis	posed of	, or B	enefic	ially	Own	ed			
			2. Transacti Date	on 2A. Deen Executio					3. 4. Securiti Transaction Disposed		Acquired (A) or (D) (Instr. 3, 4 and 5)		nd 5)					7. Nature of Indirect	
(Month/Day			/Year)				Code (Instr. 8)		. , .	., (		Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership			
								Code V		Amount	(A) or	(A) or Price		Reported Transaction(s)				(Instr. 4)	
									Ľ	Amount	(D)	FIICE		(Instr.	3 and 4)				
Common	Stock			05/27/20	022				F		7,378	D	\$12.3	35 <sup>(1)</sup>	74	4,502 D			
Common Stock													6,179			By			
Common Stock												0,177			<u> </u>	Spouse <sup>(2)</sup>			
		Tal	ble II								osed of,				Owne	d			
				(e.g., pı	ıts, ca	alls, v	varra	ants,	optio	ons,	convertib	le se	curities	s)					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ıtion Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration I e (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price Derivati Security (Instr. 5)			у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Represents withholdings of shares as payment of the reporting person's payroll tax liabilities incident to the vesting of 18,750 shares of restricted stock, which were awarded to reporting person on May 27, 2020. The shares withheld were valued at \$12.35 per share, which represented the average of the low (\$12.23) and high (\$12.47) stock prices of the Issuer's Common Stock on May 27, 2022, the date
- 2. The Reporting Person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

## Remarks:

Exhibit 24 - Power of Attorney (previously filed as Exhibit 24 to Form 5 dated February 5, 2015.)

/s/ J. Bryant Kirkland III, 05/27/2022 **Attorney In Fact** 

\*\* 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.