FORM 4

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

Washington, D.

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

	ONB APPR
TO IN DENETIONAL OWNERSHIP	OMB Number:

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

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

l	OMB APPROVAL							
l	OMB Number: 3235-0287							
l	Estimated average burden							
1	hours per response: 0.9							

1. Name and Address of Reporting Person* <u>LAMPEN RICHARD</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol VECTOR GROUP LTD [ VGR ]									5. Relationship of Reporting Person(s) to Iss (Check all applicable)  X Director 10% Ow						
(Last)	(Fir	,	Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 05/27/2024												Other (s below)	specify
4400 BISCAYNE BLVD; 10TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)							
(Street) MIAMI	FL	3	33137											X	,				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Execution Date,			e,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4 in the control of (D) (Instr. 3, 4 in the							ties cially I Following	6. Ownersh Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership		
							Code	V	Amount	(A) or (D)	Price		Transa	nsaction(s) tr. 3 and 4)			(Instr. 4)		
Common stock 05/27/202				24				F		7,378	D	\$10.89	95(1) 8		872,578		D		
Common stock														6	,179			By Spouse <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)				e and int of rities rlying active rity (Instr. 4)	unt		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)			
					Code	Code V (A) (D)		Date Exer	cisable	Expiration Date	Title	Number of Shares							

- 1. Represents withholdings of shares as payment of the reporting person's tax liabilities incident to the vesting of 18,750 shares of restricted stock, which were awarded to reporting person on May 27, 2020 and were previously reported at the time of the grant. The shares withheld were valued at \$10.895 per share, which represented the average of the low (\$10.80) and high (\$10.99) stock prices of the Issuer's Common Stock on May 24, 2024, the last trading day before the date of vesting.
- 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, 05/28/2024 **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.