FORM 4

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

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours 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).

## 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

Name and Address of Reporting Person*     Silcox Frank Charles				2. Issuer Name and Ticker or Trading Symbol  LM FUNDING AMERICA, INC. [ LMFA ]  3. Date of Earliest Transaction (Month/Day/Year)									ionship of Reporting Po all applicable) Director		10% Owr		·	
(Last)	(First	) (1	Middle)		12/29/2022									Officer (give title below)			Other (specify below)	
1200 PLATT STREET SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street)														Form filed	d by More t	than O	ne Reporting	g Person
TAMPA	FL	3	3606															
(City)	(State	e) (2	Zip)															
		Ţ	able I - Nor	n-Deriv	vative	Securitie	es Ac	quired, C	Disp	osed o	f, or B	enefic	ially Ow	ned				
Date					saction Day/Year	Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed					5. Amount Securities Beneficially Following F	y Owned or I Reported (Ins		Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount (A) or (D)		Price	Transaction (Instr. 3 and				(Instr. 4)	
Common Stock											14	40		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)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	nsaction le (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)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisabl		opiration	Title	- [1	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (right to buy)	\$5.95							(1)	10	)/28/2031	Comr		10,084		10,084	4	D	
Stock Option (right to buy)	\$0.59	12/29/2022		A		111,865		(2)	12	2/29/2032	Comr		111,865	\$0	111,86	5	D	

## **Explanation of Responses:**

- 1. Options were granted under the LM Funding America, Inc. 2021 Omnibus Incentive Plan. These options are fully vested as of the date of this Form 4.
- 2. Option awards to purchase shares of common stock were granted under the Non-Employee Director Compensation Plan, as amended on November 18, 2022 (the "Plan"). Shares subject to the options will vest as to one-half on the 180th day after the grant date and as to one-half on the date that is the first anniversary of the grant date. Unvested awards will become fully vested upon a Change of Control, as that term is used in the Plan.

/s/ Frank Charles Silcox

01/03/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.