# **Submission Data File**

General Information						
Form Type	4					
Contact Name	M2 Compliance					
Contact Phone	754-243-5120					
Contact E-mail	filing@m2compliance.com					
Return Copy	Yes					
(End General Information)						

Document Information							
Name 1		ownership.xml					
Type 1		4					
Description 1							
(End Document Information)							

ownership.xml	4	1 of 1
		10/20/2022 02:49 PM

### FORM 4

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

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden hours	0.5					
per response						

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*  Fernandez Charles M.			2. Iss	2. Issuer Name <b>and</b> Ticker or Trading Symbol Progressive Care Inc. [RXMD]						Relationship of Reporting Person(s) to Issuer     (Check all applicable)     X Director 10% Owner								
(Last)	(1	First)	(Middle)	-									icer (give ti	itle		Other (sp		
C/O NEXTPLAT CORP 3250 MARY ST., SUITE 410			3. Da	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2022					]	bel	ow)		ł	pelow)				
(Street)																		
COCON		FL	33133	4. If <i>i</i>	Amendment, Date of Original Filed (Month/Day/Year)					6. Indi	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(:	State)	(Zip)	_								Form filed by More than One Reporting Person						
			Table I – No	on-Deriva	tive Sec	urities A	cqui	red, Di	pose	ed of, or Be	neficiall	y Ow	ned					
1. Title of Security (Instr. 3)			Date	2. Transaction Date (Month/Day/Year)  2A. Deemed Execution Date, any (Month/Day/Year)		Date, if	Code (Instr.				15)	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) I or Indirect (I) I (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v		) or D) Pr		Transaction 3 and 4)	(s) (Instr.			(Instr. 4)	
								Code	v					s) (Instr.			(Instr. 4)	
			Table II -					d, Disp	osed		ficially	ice	3 and 4)	s) (Instr.			(Instr. 4)	

#### **Explanation of Responses:**

\$0.022

09/13/2022

1. Options to purchase up to 12,576,222 Common Shares are fully vested upon Grant Date; Options to purchase up to an additional 6,288,111 Common Shares become vested upon the first Trading Day following the date on which the Company's market capitalization is \$50 million or more for five consecutive Trading Days; options to purchase up to an additional 6,288,111 Common Shares become fully vested on the first Trading Day following the date on which the Company's market capitalization is \$100 million or more for five consecutive Trading Days; and options to purchase up to an additional 6,288,111 Common Shares become fully vested on the first Trading Day following the date on which the Company's market capitalization is \$200 million or more for five consecutive Trading Days.

Date

Exercisable

(D)

2. Includes 660,671,427 derivative securities owned by NextPlat Corp. As Chairman and Chief Executive Officer of NextPlat Corp, Mr. Fernandez has voting or investment control over these securities. For the avoidance of doubt, Mr. Fernandez expressly disclaims ownership of the Issuer's securities owned by NextPlat.

## Remarks:

Stock

Option

/s/Charles M. Fernandez

Expiration

09/13/2032

Title

Commo

Stock

10/18/2022

Transaction(s) (Instr. 4)

716,380,553

D

\*\* Signature of Reporting Person

Date

Amount or Number of

Shares

31,440,555

\$0

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

Code

(A)

31,440,555

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4(b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).