

STANDARD PREMIUM FINANCE HOLDINGS, INC.

Reported by **KONIG SAMUEL**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/13/21 for the Period Ending 12/13/21

Address 13590 SW 134TH AVE

#214

MIAMI, FL, 33186

Telephone (305) 232-2752

CIK 0001807893

Symbol SPFX

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|---------------------------------------|---|---------------------------------|---|----------------|-----------------------|---|----------------------------------|--------------------|--|---|---|------------|--|--|--|
| Konig Samuel | | | | | STANDARD PREMIUM FINANCE HOLDINGS, INC. [NONE] | | | | | | | | X Director | , | 109 | % Owner | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | X_ Officer (give title below) Other (specify below) Executive Vice President | | | | |
| 13590 SW 134TH AVE, #214 | | | | | 12/13/2021 | | | | | | | | | | | | |
| | (Stree | et) | | 4. I1 | fAn | nendmen | t, Date (| Origina | al Fil | ed (MM/D | D/YYYY |) 6 | . Individual c | or Joint/G | roup Filing | (Check Appl | icable Line) |
| MIAMI, FL 33186 (City) (State) (Zip) | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | ~ | · · · · · · · · · · · · · · · · · · · | Table I - N | on-Deri | vati | ive Secu | rities Ac | quire | d, Di | isposed o | of, or Be | nefi | icially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | |] | Execu | | ion (Instr. 8) | | ode 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Follo | mount of Securiti owing Reported T r. 3 and 4) | | | Ownership o Form: B Direct (D) C | Beneficial Ownership | |
| | | | | | | | Code | v | Amou | (A) or (D) | r Price | | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| | Tab | le II - Deriv | vative Sec | urities E | Bene | eficially | Owned | (e.g., _] | puts, | calls, wa | ırrants, | opt | tions, conver | tible secu | ırities) | - | • |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | Derivativ Securities | | s Acquired isposed of | | ate Exercisable and iration Date | | 7. Title and A Securities Un Derivative Se (Instr. 3 and 4 | | lerlying curity | | Securities Beneficially Owned Following | 10. Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
| W4A COMMON STOCK WARRANT | \$4.00 | 12/13/2021 | | J (1) | | 37500 | | 12/13/ | /2021 | 6/11/2026 | COMM | | 37500 | \$0.053 | 37500 | D | |

Explanation of Responses:

(1) Transfer from former warrant holder to reporting person as compensation.

Reporting Owners

| reporting 6 where | | | | | | | | | |
|---|---------------|-----------|--------------------------|-------|--|--|--|--|--|
| Danastina Oyyman Nama / Adduaga | Relationships | | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Konig Samuel 13590 SW 134TH AVE #214 MIAMI, FL 33186 | X | | Executive Vice President | | | | | | |

Signatures

/s/ Samuel Konig 12/13/2021

**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 control number.