FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | 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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Chicago Atlantic Real Estate Finance, Inc. | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---------|--------------|----------|---|--|---|------------|--|-------|--------------------------------------|--|-----------------|----------------------|--|--|--------------------------------------|--|--|--|
| Bodmeier Andreas | | | | | | REFI | | | | | | | | 1 | X Dire | ctor | | 10% Ov | vner | |
| (Last) | (Fir | st) (N | Middle) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | X Office below | er (give title w) | | Other (s | specify | |
| CHICAGO ATLANTIC REAL ESTATE FINANCE INC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2022 | | | | | | | | | | Co-Presid | ent ar | nd CIO | | |
| 420 NORTH WABASH AVENUE, SUITE 500 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) CHICAGO IL 60611 | | | | | | | | | | | | | | | ne) X Form filed by One Reporting Person | | | | | |
| | JO IL | | 0011 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | y/Year) Exec | | Deemed cution Date, y nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | | d Secur Benef | icially d Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | (A) (D) | or | Price | Trans | action(s) 3 and 4) | | | (11150.4) | | | | | |
| Common Stock 12/12/2 | | | | | | 2022 | | | | | 9,184 | A | 4 | \$15.8 | 36 2: | 34,381 | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | 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 (Insti 3 and 4) | | f g | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Nur of | ount mber ares | | | | | | |

Explanation of Responses:

/s/ Andreas Bodmeier

12/13/2022

** 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.