SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Konigsberg Brandon	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 12/07/2021 3. Issuer Name and Ticker or Trading Symbol Chicago Atlantic Real Estate Finance, Inc. [REFI]							
(Last) (First) (Middle) CHICAGO ATLANTIC REAL ESTATE FINANCE INC 420 N WABASH AVE, STE 500 (Street) CHICAGO IL 60611 (City) (State) (Zip)	-		Issuer (Check a X I	ionship of Reporting all applicable) Director Officer (give title below)	10% C	wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				nt of Securities Illy Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				0	D				
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)									
. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate		e and Amount of Se lying Derivative Se 4)		urity Convers or Exerc		se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares		ve	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Brandon Konigsberg

** 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 5 (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.

12/07/2021