FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. dee		Filed	pursua or Se	nt to Section 3	ection 80(h) o	16(a) f the Ir	of the Se	ecurition ot Con	es Exchang npany Act o	e Act of f 1940	of 1934		nours	per res	sponse:	0.5
1. Name and Address of Reporting Person* <u>KOPCAK JASON A</u>				2. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp AAMC								Relationshi Check all app X Direct	olicable)	ng Pers	son(s) to Is			
(Last)	(First) (Middle)													Offic belov	er (give title w)	X	Other (s	specify
C/O ALTISOURCE ASSET MANAGEMENT CORP				3. Date of Earliest Transaction (Month/Day/Year) 12/30/2022								C	EO					
5100 TAMARIND REEF					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street) ST. CRO	IX VI	0	0820												n filed by On n filed by Mo on		•	
(City)	(St	ate) (Ž	Zip)															
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Disp	oosed of	, or E	Benefic	ially Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Date)			Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,		and Securi Benefi	cially I Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) (D)	or Price	Transa	Transaction(s) (Instr. 3 and 4)			(1110411 47
Series N Preferred Stock 12/30/					/2022		A		1,000	1,000 A		10 1	1,000		D			
		Tal									osed of, o			lly Owne s)	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title Amou Secur Under Deriva Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share						

**Explanation of Responses:** 

/s/ Kevin Sullivan, attorneyin-fact

01/04/2023

\*\* 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.