FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| 3 , | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* Haas G Hunter IV | | | | 2. Issuer Name and Ticker or Trading Symbol BIMINI CAPITAL MANAGEMENT, INC. [BMNM] | | | | | | | | | ck all app | etor 10 er (give title Ot | | rson(s) to Is 10% Ov Other (solution) | wner | | | |
|---|--|--|-------------|--|---|--|------------|-----------------------------------|--|---|--------------------|--|-----------------------------------|------------------------------|---|--|------|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O BIMINI CAPITAL MANAGEMENT, INC. 3305 FLAMINGO DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2022 | | | | | | | | | | Chief Financial Officer | | | | | |
| | EACH FL | | 2963 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (51 | | <u>Zip)</u> | n Deriva | tive S | Secui | ritios | Λ | uired | Die | nosed of | or B | onof | iciall | v Own | ad | | | | |
| 1. Title of Security (Instr. 3) 2. Tran | | | 2. Transact | tion 2A. Deeme | | eemed ution E | d Date, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | |) or | r 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pı | ice | Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) | |
| Class A Common Stock 11/30 | | | | | 2022 | 022 | | | P | | 5,900 |) A \$ | | S1.06 | 1,130,898 | | | D | | |
| Class A Common Stock 12/01 | | | | 12/01/2 | 022 | | | P | | 10,000 | A | \$ | 31.06 | 06 1,140,898 | | | D | | | |
| Class A Common Stock 12/01/2 | | | | | 022 | | | P | | 14,402 | A | | \$1.05 | 1,155,300 | | | D | | | |
| Class A Common Stock 12/01/2 | | | | 2022 | | | P | | 200 A | | \$ | 1.045 | 1,155,500 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

/s/ G. Hunter Haas, IV

12/01/2022

** 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.