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

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 A Schulte M	•	2. Date of E Requiring S (Month/Day)	tatement	3. Issuer Name and Ticker or Trading Symbol Abacus Life, Inc. [ABL]								
(Last) 2101 PARK SUITE 170	(First) CENTER D	(Middle)	06/30/202	3	Issuer (Check all a X Dire	ship of Reporting applicable) ector icer (give below)	Person(s) 10% O Other (below)	wner	5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) ORLANDO (City)	FL (State)	32835 (Zip)								eck Applicable Form filed I Person	by One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Secu		E		of Securities Owned (Instr.	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi (Instr. 4)					5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
I I			Date Exercisable	Expiration Date	Title		Amount or Number of Shares			Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Jay Jackson, Power of Attorney for Mary Beth

Schulte

** Signature of Reporting Person

Date

07/10/2023

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).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.