

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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## STATEMENT OF CHANGES IN 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 Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol							ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Byrne Barba	ra Peters	son			Sp	ok l	Holdin	ıgs, Inc	[S]	POK	[]									
(Last)	(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							)					% Owner		
		~~		_				4.10	100						Officer (giv	e title below	)Oun	er (specify b	elow)	
C/O SPOK I		,	,					4/3	3/202	23										
KINGSTOW 6TH FLR	NE VIL	LAGE P	'AKK	WAY,																
OTHTER	(Stre	et)			4. I	f An	nendmen	nt, Date O	rigin	al Fil	led (M	M/D	D/YYYY)	6.	Individual o	or Joint/G	roup Filing	Check Appl	icable Line)	
ALEXANDRIA, VA 22315														_>	_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication															
						Che	ck this b	ox to ind	icate	that a	a trans	act	ion was n	nad	le pursuant to	o a contra	ct, instructio	n or writt	en plan	
					tha	t is ii	ntended	to satisfy	the a	ıffirm	ative	def	ense cond	diti	ons of Rule	10b5-1(c)	See Instruc	tion 10.		
			Table I	- Non	-Der	ivati	ive Secu	rities Ac	quire	ed, D	ispose	ed o	f, or Ben	nefi	cially Owne	d				
1. Title of Security (Instr. 3)				Date	2A. Deem Execution Date, if an		(Instr. 8)		or Di		curities Acquired (A) sposed of (D) : 3, 4 and 5)		Follo	mount of Securit owing Reported r. 3 and 4)	ties Beneficially Owned Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amou		.) or D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock				4/3/202	23			A		1481	1	A	\$10.13			20365		D		
	Tab	le II - Der	ivative	Securi	ties ]	Bene	eficially	Owned (	e.g.,	puts,	calls	, wa	arrants, o	opti	ions, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				7. Title and A Securities Un Derivative Se (Instr. 3 and 4		derlying Derivat curity Security		Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			(	Code	V	(A)	(D)	Date Exerc	isable	Expira Date	tion	Title	1	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Deferred Stock Unit	<u>(1)</u>	4/3/2023			A		0		)	2)	(2)		Deferred Stock Uni		0	\$0.00	5637	D		

## **Explanation of Responses:**

- (1) Each deferred stock unit represents the right to receive one share of common stock of the Issuer.
- (2) The deferred stock units are fully vested and will be settled in shares of the Issuer's common stock upon the Reporting Person's separation from service with the Issuer or as otherwise provided by the Issuer's Deferred Compensation Plan for Non-Employee Directors.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Byrne Barbara Peterson							
C/O SPOK HOLDINGS, INC.	X						
5911 KINGSTOWNE VILLAGE PARKWAY, 6TH FLR	Λ						
ALEXANDRIA, VA 22315							

### Signatures

/BARBARA P. BYRNE/	4/3/2023
**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 control number.