

☐ 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 Ad | dress of Rep | orting Per | son * | 2. I | ssue | r Name | and Tick | er or | Trad | ing Syn | nbo | ol | 5. Relationshi (Check all app | | rting Person | n(s) to Iss | uer |
|--|---|------------|---|--------------------------------------|--|--|---|---|------------|-----------------|--|-----------------|---|---|--|--|---------------|
| Rice Calvin | | | | Sp | ok l | Holdir | ıgs, Inc | [S | POF | [] | | | | | | | |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | Director10% Owner10% Owner Other (specify below) | | | | | | |
| C/O SPOK I KINGSTOW 6TH FLR | | | | AY, | | | 3/1 | 7/2(| 023 | | | | Chief Financ | ial Office | r & CAO | | |
| | (Stree | et) | | 4. I | fAn | nendmer | nt, Date C | rigir | nal Fi | led (MM | /DD | D/YYYY) | 6. Individual o | or Joint/G | roup Filing | (Check Appl | licable Line) |
| ALEXANDRIA, VA 22315 | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (C | ity) (Sta | te) (Zip |) | Rul | le 10 | b5-1(c) | Transacti | on Iı | ndicat | ion | | | | | | | |
| | | | | | | | | | | | | | nade pursuant to litions of Rule | | | | ten plan |
| | | , | Table I - N | lon-Der | ivati | ive Secu | rities Ac | quir | ed, D | isposed | l of | , or Ben | eficially Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | ans. Date | te Execution Date, if any (Instr. 8) | | 3. Trans. Co (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | F | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4) | | | 6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership | | | |
| | | | | | | | Code | V | Amoi | ant (A) | | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | | 3/1 | 7/2023 | | | P | | 100 |) A | | \$9.665 | | 19615 | | D | |
| | _ | | | | | | , | | • . | | | | ptions, conver | | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ive | 3A. Deemed Execution Date, if any | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | S | 7. Title and Securities Uperivative Securities Uperivative Securities Instr. 3 and | Security | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | on | Γitle | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect | |
| Restricted Stock Units | (1) | 3/7/2023 | | A | | 0 | | | <u>(1)</u> | <u>(1)</u> | | Common Stock | 0 | \$0.00 | 55138 | D | |

Explanation of Responses:

(1) Each Restricted Stock Unit represents a contingent right to receive one share of common stock.

Reporting Owners

| Reporting Owners | | | | | | | |
|--|---------------|-----------|---------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Rice Calvin | | | | | | | |
| C/O SPOK HOLDINGS, INC. | | | Chief Financial Officer & CAO | | | | |
| 5911 KINGSTOWNE VILLAGE PARKWAY, 6TH FLR | | | Ciliei Filianciai Officer & CAO | | | | |
| ALEXANDRIA, VA 22315 | | | | | | | |

Signatures

| /s/ Calvin Rice | 3/20/2023 |
|---------------------------------|-----------|
| **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 unles number. | ss the form displays a currently valid OMB control |
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