

## ADVANCED FLOWER CAPITAL INC.

# Reported by **NEVILLE DANIEL**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 11/21/25 for the Period Ending 11/20/25

Address 477 S. ROSEMARY AVE., SUITE 301

WEST PALM BEACH, FL, 33401

Telephone 561.510.2390

CIK 0001822523

Symbol AFCG

SIC Code 6500 - Real estate

Industry Consumer Lending

Sector Financials

Fiscal Year 12/31

### FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Estimated average burden hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 3235-0287

### Washington, D.C. 20549

### 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								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Neville Daniel				Ad	Advanced Flower Capital Inc. [ AFCG ]												
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner10% Officer (give title below) Other (specify below)				
477 S. ROSEMARY AVE., SUITE 301						11/20/2025							Chief Execut	Chief Executive Officer			
(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Line)				
WEST PALM BEACH, FL 33401													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																	
			Table :	I - Non	-Der	ivati	ve Secu	ırities Acc	quire	ed, Dis	posed of	f, or I	Beneficially Owne	ed			
1. Title of Security (Instr. 3)			Date	e 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securi Following Reported (Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership		
								Code	V	Amour	(A) or (D)	Pric	e			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				11/20/2	025			A		91,240	( <u>1)</u> <b>A</b>	\$2.7	4		317,889	D	
	Tabl	e II - Der	ivative	Securi	ties l	Bene	ficially	Owned (	e.g.,	puts, c	alls, wa	rrant	s, options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Dee Execution Date, if	on (In	Frans. str. 8)	Acq Disp				5. Date Exercisable and Expiration Date		Securi Deriva	e and Amount of ties Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				(	Code	V	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

#### **Explanation of Responses:**

(1) Represents restricted stock granted under the Issuer's Stock Incentive Plan that is fully-vested as of November 20, 2025.

#### Reporting Owners

reporting Owners									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Neville Daniel									
477 S. ROSEMARY AVE.			Chief Executive Officer						
SUITE 301			Ciliei Executive Officer						
WEST PALM BEACH, FL 33401									

#### Signatures

/s/ Gabriel A. Katz, as Attorney-in-Fact

\*\*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.