FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OI | MR | AP | PR | O | /Α |
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| OMB Number: | 3235-0287 |
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| Estimated average burd | en |
| hours per response: | 0.5 |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person * Riva Robert E. | | | 2. Issuer Name and Ticker or Trading Symbol Dream Finders Homes, Inc. [DFH] | | onship of Reporting Person(s) all applicable) Director | (s) to Issuer | |
|---|---------|-------|--|------------|--|-----------------------|--|
| (Last) 14701 PHILIPS H | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2024 | X | Officer (give title below) VP, GC and Corporate | Other (specify below) | |
| SUITE 300 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/23/2024 | 6. Individ | dual or Joint/Group Filing (Che | / | |
| (Street) JACKSONVILLE | FL | 32256 | | 1 | Form filed by More than One | | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) | Beneficial Ownership |
|--|--|---|---------------------------------|---|---|---------------|---------|--|------------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A common stock, par value \$0.01 per share | 01/21/2024 | | F ⁽¹⁾ | | 190(2) | D | \$33.04 | 30,040(3)(4) | 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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | 5. Num Derivat Securit Acquire or Disp (D) (Ins and 5) | ive ies ed (A) osed of | 6. Date Exerc Expiration Day/\(\text{Month/Day/\}\) | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | Securities Beneficially Owned | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|---------------------------------|---|--|---------------------------------|--|--------------------|--|-------------------------------------|--------------------------------------|-------------------------------------|-----------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

- 1. Withholding of shares upon vesting by the Company to satisfy tax liability.
- 2. Amendment filed to correct the number of shares withheld.
- 3. Includes 3,125 shares held in a 401(k) account
- 4. Amendment filed to correct the total ownership following the transaction

/s/ Robert E. Riva

** Signature of Reporting Person

01/26/2024 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.