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

Name and Address of Reporting Person* Smallwood Brady			2. Date of E Requiring S (Month/Day	tatement	3. Issuer Name and Ticker or Trading Symbol INNOVATIVE FOOD HOLDINGS INC [IVFH]						
	(First) E TRACK F	(Middle)	05/15/202	3	Issuer (Check X	ionship of Reporting all applicable) Director Officer (give title below)	Person(s) 10% O Other (below)	wner	If Amendment, ed (Month/Day,	Date of Original Year)	
(Street) BONITA SPRINGS	FL	34135	,			Chief Operating	g Officer	(C	heck Applicable X Form filed Person Form filed	by One Reporting by More than One	
(City)	(State)	(Zip)							Reporting I	Person	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				E		nt of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Ex			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversior or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Brady Smallwood 05/24/2023

** 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 5 (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.