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

☐ 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.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION 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. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Farnchaw T	imothy I			ES	SSE	NTIA	L PROP	ER	RTIE	S REA	LTY	Z					
Earnshaw riniothy 9					TRUST, INC. [EPRT]								Director		10%	6 Owner	
(Last)) (First)	(M	:4410)							DD/YYYY)		X Officer (gir	ve title belov	v) Ot	her (specify	below)
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								SVP & Chief Accounting Officer				
902 CARNE	GIE CEN	NTER					2/10	6/20)24								
BLVD., SUI		,															
22,24,501	(Stree	et)		4. 1	f An	nendme	nt, Date O	rigin	al File	ed (MM/DI	D/YYY	(Y)	6. Individual o	or Joint/G	roup Filing	(Check Appl	licable Line)
							,	U				,			1 0		,
PRINCETON, NJ 08540												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0	City) (Star	te) (Zi	p)										Form filed by	More than C	one Reporting F	erson	
				2A. l Exec	Deemed cution , if any	3. Trans. Co		or Disposed of (D)			A) 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	Amou	(A) or (D)	Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock (1)				2/16/2024			A(1)		5,20	08 A	5	60			44,858	D	
	Tab	le II - Dei	rivative S	Securities 1	Bene	eficially	Owned (a	e.g.,	puts,	calls, wa	rran	ts, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemo Execution Date, if any	(Instr. 8)	. Code 5. Numbo Derivativ Acquired Disposed (Instr. 3,		ve Securities l (A) or l of (D)	6. Date Exercisable and Expiration Date			7. Title and Securities U Derivative (Instr. 3 and		Juderlying Security Security (Instr. 5)		f 9. Number of derivative Securities Beneficially Owned Following Reported	Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V (A) (D)	Date Exer	e rcisable	Expiration Date	Title	Amo Shai	ount or Number of res		Transaction(s) (Instr. 4)	(I) (Instr. 4)			

Explanation of Responses:

(1) Reflects a grant of restricted stock units that vest ratably on the first, second, third and fourth anniversaries of January 18, 2024, subject to the reporting person's continued employment by the issuer through the applicable vesting date.

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Earnshaw Timothy J									
902 CARNEGIE CENTER BLVD.			SVP & Chief Accounting Officer						
SUITE 520			SVF & Chief Accounting Officer						
PRINCETON, NJ 08540									

Signatures

/s/ Timothy J. Earnshaw 2/20/2024

**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.