FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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).

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

## 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

defense	e conditions of le e Instruction 1	Rule 10b5-																			
Name and Address of Reporting Person*     ROBOTTI ROBERT					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AMREP CORP.</u> [ AXR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KOBOTTIKOBEKI														X					Own		
(Last)	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024									Officer (give title Other (spe below) below)					ecify		
125 PARK AVENUE																					
SUITE 1607					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)														X Form filed by One Reporting Person							
NEW YORK NY 10017														Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																		
		Table I	l - Non-Deriva	ative	Sec	curiti	ies A	Acqı	uire	d, Di	sposed o	of, or	Benefic	ciall	y Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				ear)   E	2A. Deemed Execution Date, if any (Month/Day/Year)			nsact de (In	tion   [	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				nd 5) Securitie Beneficia Owned Followin		es Form (ally (D) or Indire		Indire Bene Owne	Nature of adirect eneficial wnership nstr. 4)		
								Cod	de	v A	Amount	(A) or (D)	Price		Transact	eported ransaction(s) nstr. 3 and 4)					
Common Stock, \$0.001 Par Value Per Share				4				S		179	D	\$31.55	79	309,415(1)		I		See Foot	tnote <sup>(3)</sup>		
Common Stock, \$0.001 Par Value Per Share				4			S			12,821	D	\$31.55	79	296,594 <sup>(2)</sup>		I		See Foot	tnote <sup>(3)</sup>		
	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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any				ansaction Number			tive ties ed	es d d				le and unt of irities erlying rative irity r. 3 and 4)  Amount or Number of	nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		I1. Nature of Indirect Beneficial Ownership Instr. 4)	
				Cod	Code V (A) (		(D)				Title				1		1				

## Explanation of Responses:

- 1. This amount includes 181,604 shares of the Common Stock, \$0.10 par value (the "Common Stock") directly owned by The Ravenswood Investment Company L.P. ("RIC") and 127,811 shares of the Common Stock directly owned by Ravenswood Investments III, L.P.
- 2. This amount includes 181,604 shares of the Common Stock, directly owned by RIC and 114,990 shares of the Common Stock directly owned by RI.
- 3. Mr. Robotti may be deemed to beneficially own (solely for the purpose of Rule 16a-1(a)(2) under the Securities Exchange Act of 1934, as amended ("Exchange Act")) certain of the shares of Common Stock set forth in this Form 4 as managing member of Ravenswood Management Company, LLC, which serves as the general partner of RIC and RI. Mr. Robotti disclaims beneficial ownership of all securities reported herein except to the extent of any pecuniary interest therein, if any.

<u>/s/ Robert E. Robotti</u> <u>12/23/2024</u>

\*\* 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 Number.