# 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).

#### 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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * HAWTHORNE 5 CORP.				Coppe	2. Issuer Name and Ticker or Trading Symbol Copper Property CTL Pass Through Trust [None]							-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  Other (specify below)					
(Last) (First) (Middle) 680 WASHINGTON BOULEVARD, SEVENTH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/21/2021													
(Street) STAMFORD, CT 06901				4. If Ar	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							Acqui	ired, Disposed of, or Beneficially Owned					
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: H Direct (D)	of Indire Benefic Owners	Beneficial Ownership
						Со	de	V	Amou	ınt	(A) or (D)	Price	e			or Indirect (I) (Instr. 4)	(Instr. 4	+)
Trust Certificates			09/21/2021			S	S		6,759,	565	D	\$ 19	0			D		
Reminder:	Report on a s	separate line f	or each class of secu Table II -					Person the	sons wi tained i form di	no re in thi spla	is forn ys a c	n are urrer	not requality valid	OMB con	formation spond unle trol numbe	ss	C 1474 (9-	-02)
T	ı	ı			s, calls, w	arran	ts, op											
Security	2. Conversion or Exercise Price of Derivative Security		Execution Da y/Year) any	4. Transaction Code Year) (Instr. 8)		Number ar		and	nd Expiration Date Month/Day/Year)		Amo Unde Secu	tle and ount of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of In Bend tive Owr (Inst (D)	Beneficia Ownershi (Instr. 4)	
						Code V	(A)	(D)	Dat Exe	e ercisable		iration	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HAWTHORNE 5 CORP. 680 WASHINGTON BOULEVARD SEVENTH FLOOR STAMFORD, CT 06901		X				

## Signatures

Hawthorne 5 Corp., By: /s/ Ashvin Rao, Title: Authorized Signatory	09/23/2021
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.