FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

I	OMB APPROVAL									
l	OMB Number: 3235-02									
l	Estimated average burden									
l	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

1. Name and Add Salkind Ger		ting Person *	3.	2. Issuer Name and Ticker or Trading Symbol GROVE, INC. [ GRVI ] 3. Date of Earliest Transaction (Month/Day/Year)									tionship of R all applicab Director Officer (g	e)	Person X	10% Ov Other (s	·	
(Last) C/O GROVE 1		03/30/2022								C. In all to	below) below)							
1710 WHITNI	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) HENDERSON NV 89014														Form file	d by More	than C	ne Reportin	g Person
(City) (State) (Zip)																		
		Ta	able I - Non	n-Deriva	ive S	ecuriti	ies Acq	uired, [	Disp	osed o	f, or Ben	efic	ially Ow	ned				
1. Title of Securi		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							v	Amount	(A) c (D)	r	Price	(Instr. 3 and 4)				(111501.4)		
Common Stock	03/30/2	30/2022 03/30/2022		P		125,0	000 A		\$4	125,000(1)		I		Trustee				
Common Stock									2,352,	,352,942(4)		D						
			Table II - E								or Benefi le securi			ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			Jnde	ount of rlying rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Option Grant	\$1.53							02/01/2022 0		2/21/2031	Common	on 27,778			27,778 <sup>(2)</sup>		D	
Option Grant \$4.18							07/21/202	4 0:	2/21/2032	Common		50,000		50,000	(3)	D		

## Explanation of Responses:

- 1. 125,000 shares were purchased at \$4.00 per share in a private transaction through the Marital Trust GST subject U/W/O Leopold Salkind Gene Salkind, Trustee and considered indirect ownership of Gene Salkind
- 2. 27,778 options are vested and shall be exercisable for a price of \$1.53 for 10 years from February 1, 2021 (the "Grant Date")
- 3. 16,667 options are vested and shall be exercisable for a price of \$4.18 for 10 years from July 21, 2022 (the "Grant Date"). 33,333 options share vest on a monthly basis over a two year period and exercisable for a price of \$4.18 per option share for a ten year period of 10 years from the Grant Date.
- ${\it 4.\,\,2,352,941}\ previously\ purchased\ and\ are\ jointly\ owned\ with\ Catherine\ Salkind.$

## Remarks:

/s/ Gene Salkind

04/01/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.