FORM 4

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

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     Varier Krishnan				2. Issuer Name and Ticker or Trading Symbol Agrify Corp [ AGFY ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024							Officer below)	(give title	Other (s below)	specify	
C/O AGRIFY CORPORATION 2468 INDUSTRIAL ROW DRIVE				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) TROY	M	I é	48084			D 1 4015 4( ) T							Form filed by More than One Reporting Person				
(City)	(St	,	(Zip)			Rule 10b5-1(c) Transaction Indication  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.								d to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Execution		Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				s Feally (Discoloring (I)	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
	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)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Unit <sup>(1)</sup>	(2)	04/24/2024			A		60,852		(3)	(3)	Common Stock	60,852	\$0	60,852	D		

- 1. Grant of restricted stock units under the Agrify Corporation 2022 Omnibus Equity Incentive Plan (the "Plan"). The restricted stock units were granted in lieu of cash compensation that would otherwise be owed to the reporting person.
- 2. Each restricted stock unit represents the right to receive, at settlement, one share of common stock of the issuer.
- 3. 100% of the restricted stock unit will vest on April 24, 2025, subject to obtaining shareholder approval for an increase in shares available under the Plan sufficient to grant the units, and subject to the reporting person's continuous service through such vesting date

/s/ Krishnan Varier

04/26/2024

\*\* 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.