FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burd | en |
| 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 intended to satisfy the

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

| affirmative defense 10b5-1(c). See Instr | | | | | | | | |
|---|------------------------------------|----------|--|---|--|-----------------------|--|--|
| | of Reporting Person* TANLEY P. JR | | 2. Issuer Name and Ticker or Trading Symbol INTELLINETICS, INC. [INLX] | | ionship of Reporting Person(s all applicable) | to Issuer | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2025 | | Officer (give title below) | Other (specify below) | | |
| 2190 DIVIDEND | DR. | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) | | | | X | Form filed by One Reporting | • | | |
| COLUMBUS | OH | 43228 | | | ,, | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Ad Disposed Of (D | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|------------------------------------|---------------|-------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | e, Transaction Code (Instr. ar) 8) Derivative Acquired or Dispos | | crivative Expiration Date (Month/Day/Year) : Captiles (Month/Day/Year) : Disposed (D) (Instr. 3, | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | Owned Following Reported | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|--|---|--|-----|--|--------------------|-----------------|-------------------------------------|-----|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Non-Qualified Stock Option | \$12.88 | 08/16/2024 | | A | | 4,500 | | 06/21/2025 | 06/20/2035 | Common Stock | 4,500 | (1) | 10,500 | D | |

Explanation of Responses:

1. Granted in exchange for director services to the Company, in accordance with the Company's 2023 Non-Employee Director Compensation Plan.

/s/ Stanley P. Jaworski Jr.
** Signature of Reporting Person

06/25/2025

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.