FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
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).

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 Address of Reporting Person* HANNAWAY JUDITH A						2. Issuer Name and Ticker or Trading Symbol FTAI Infrastructure Inc. [FIP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>HANN</u>	<u>AWAY JI</u>		1 1711 milasulucture me. [Fir]								V	✓ Director			10% Ov	vner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2024									Officer below)	er (give title /)		Other (s	specify	
1345 AVENUE OF THE AMERICAS 45TH FL							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Ct== =t)													Form filed by One Reporting Person							
(Street) NEW YORK NY 10105													Form filed by More than One Reporting Person							
(City)	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.																		
		Tab	le I - Non	-Deriv	ative	Se	curiti	ies Ac	quire	l, Dis	posed	of, or E	enefic	ially	y Owned	i				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Di							2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.					5. Amou Securitie Benefici Owned F	es For ially (D)		orm: Direct) or Indirect	7. Nature of Indirect Beneficial Ownership	
							Cod	v	Amount	Amount (A) or (D)		ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock, par	3/2024	2024		М		5,00	5,000 A		2.44	8,502			D						
Common Stock, par value \$0.01 per share 08/13/									М		5,00	0 .	A \$	52.6	13,	,502		D		
Common Stock, par value \$0.01 per share 08/13/							/2024		F ⁽¹		2,811 I) \$	8.96	96 10,691			D		
		T	able II - E ()	Derivat e.g., p	tive S uts, c	Secu calls	uritie s, wa	s Acq	juired, s, opti	Disp ons,	osed of	i, or Be	neficia curitie	ally (s)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any (Month/Day/Year) 8) Code (Instr. Derivative Securities Acquired				6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)						8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	Amou or Numb of Share	oer						
Stock Option (right to buy)	\$2.44	08/13/2024			М			5,000	(2)		01/09/2028	Commo Stock, par valu \$0.01 p share	e 5,00	00	\$0	0		D		
Stock Option (right to buy)	\$2.6	08/13/2024			М			5,000	(2)		10/31/2032	Commo Stock, par valu \$0.01 p	e 5,00	00	\$0	0		D		

Explanation of Responses:

- 1. No shares were sold. Reflects deemed surrender of shares to satisfy the exercise price due upon exercise of the associated options.
- 2. These options are fully vested.

/s/ Kevin Krieger, as Attorney-** Signature of Reporting Person

08/14/2024

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.