## FORM 5

Check this box if no longer subject to

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

_	_	_		
		Washington,	D.C.	20549

Washington, D.C. 205

OMB API	PROVAL					
OMB Number:	3235-0362					
Estimated average	e burden					

1.0

hours per response:

	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
	Form 3 Holdings Reported.
X	Form 4 Transactions Reported.
	Check this box to indicate that a transaction was made pursuant to

## **ANNUAL 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

for the securiti intende defense	ction was made ct, instruction o purchase or sa ies of the issue ed to satisfy the e conditions of ee Instruction	r written plan ale of equity or that is a affirmative Rule 10b5-																	
1. Name and Address of Reporting Person*  MARTIRE FRANK R					2. Issuer Name <b>and</b> Ticker or Trading Symbol Cannae Holdings, Inc. [ CNNE ]								ck all app	licable)	rting Person(s) to		to Issuer 6 Owner		
(Last) (First) (Middle) 1701 VILLAGE CENTER CIRCLE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023							Officer (give title Other (spe below) below)					er (specify ow)			
(Street) LAS VEGAS NV 89134 (City) (State) (Zip)				4. If Amendr	4. If Amendment, Date of Original Filed (Month/Day/Year)							ır)	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(- 4)	(1)		l - Non-Deriva	ative Secur	ities	s Acc	uire	ed, Dis	posed	l of,	or	Benef	icial	ly Own	ed				
1. Title of So	ecurity (Instr.		2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)							6. Ownership Form: Direct		7. Nature of Indirect Beneficial				
			(Month/Day/Year)		8)		Amount (A		(A) (D)	A) or D) Price		lssuer's Fiscal Year (Instr. 3 an 4)		Fiscal	Indirect (I)		Ownership (Instr. 4)		
Common	Stock		12/30/2022		A4			1,62	<b>24</b> <sup>(1)</sup>	A \$20.		\$20.	65	188,254		D			
Common	Stock		03/31/2023		A4			1,5	<b>37</b> <sup>(1)</sup>	A	\	\$20.18		188,254		D			
Common Stock 06/30/2023		06/30/2023		A4			1,2	38(1)	A	\	\$20.21		188,254		D				
Common	Stock		09/29/2023		A4			1,34	42 <sup>(1)</sup>	A	1	\$18.64		188,254		D			
Common	Stock		12/29/2023		A4		1,2	82(1)	Α	A \$19.51		51	188,254		D				
Common Stock											133,333		I		Frank and Marisa Martire 2012 Florida Trust				
		Та	ble II - Derivat (e.g., p	ive Securit uts, calls, w										Owne	d				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day/Year) Price of Derivative Security		3A. Deemed Execution Date,	4.	ransaction of Expirode (Instr. Derivative (Mon		ate Exercisable and ration Date An Se United Particular An Se United Particular An Se			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e Owner s Form: Direct or Indi g (I) (Inst ion(s)		Beneficia Ownersh ect (Instr. 4)			
		(A)		(A)	(D)	Date Exer	Expiration Date			Title	Amous or Number of Shares	ber							

## **Explanation of Responses:**

1. Reflects shares purchased through the Company's director retainer election program, which were previously unreported due to administrative oversight.

Colleen E. Haley, as attorney-

02/12/2024

in-fact

\*\* Signature of Reporting Person

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.