FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	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
\Box	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 a	2. Issuer Name and Ticker or Trading Symbol WORLD KINECT CORP [WKC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
(Last)	c) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2023								Office below	er (give title w)			Other (specify below)	
C/O WORLD KINECT CORPORATION 9800 N.W. 41ST STREET						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) MIAMI	·					Form filed by More than One Report Person													
(City)	ity) (State) (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.														
		Table	I - No	on-Derivat	tive S	ecui	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefici	ally Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,			"	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)					4 Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock ⁽¹⁾ 06/16/202						23					7,028(2)	A	\$0.00	48,5	48,528		D		
Common Stock														167,701		I I		By Irrevoca Trust ⁽³⁾	ıble
		Tab	le II	- Derivativ (e.g., put							osed of, convertib				:d				
1. 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)			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/		7. Title Amou Secur Under Deriva Secur (Instr.	nt of ities lying itive	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownersl Form: Direct (I or Indire (I) (Instr.	Bener O) Owner ect (Instr	direct ficial ership
					Code	\v	(A)	(D)	Date	icabla	Expiration Date	Number ation of Title Shares							

Explanation of Responses:

- 1. These shares were issued as a restricted stock unit grant to the reporting person by the issuer.
- 2. The restricted stock units shall vest on the earlier of: (i) the day prior to the annual meeting of the shareholders of the issuer that next follows the grant date or (ii) the one-year anniversary of the grant date
- 3. Shares are held by the Boitz Stebbins Irrevocable Family Trust, of which the reporting person is the trustee and a beneficiary. The reporting person disclaims beneficial ownership of any shares in which he does not have a pecuniary interest.

Remarks:

/s/ Amy Quintana Avalos, Attorney-in-fact

06/21/2023

** Signature of Reporting Person

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.