FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Cicero Carol	2. Date of Event Requiring Statement (Month/Day/Year) 01/10/2022	3. Issuer BRT Apartments Corp.	Ticker or Trading Symbol [BRT]	
(Last) (First) (Middle) 516 Tower Trace		 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ✓ Director □ 10% Owner 	5. If Amendment, Date Original Filed (Month/Day/Year)	
(Street) <u>Canton, GA 30015</u> (City) (State) (Zip)		Officer (give titleOther (specify below)	 6. Individual or Joint/Group Filing (Will be automatically set) 6. Form filed by One Reporting Person 	
			C Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

			4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0	D	

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

(Instr. 4)	Date		Underlying Derivative Security		Exercise Price of Derivative Security	I I I	Beneficial Ownership
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	(!	(Instr. 5)	

Explanation of Responses:

Remarks:

Carol Cicero

01/10/2022

**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 5(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. 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 control number. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.