FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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Check this box if no longer subject	STATEME
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Fil

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Smith Kristi				2. Issuer Name and Ticker or Trading Symbol Howard Hughes Holdings Inc. [HHH]								k all app Direc	tor	ng Pers	10% Ov	vner			
(Last)	`	First) H FOREST DRI	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024									X	belov	er (give title v) President	, Colu	Other (s below) Imbia	specify
SUITE 1100					4. If Amendment, Date of Original Filed (Month/Day/Year) 02/02/2024							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) THE WOODLANDS TX 77380													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		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.										nded to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				y/Year) Execution		ution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (Instr. 5)						Securi Benefi Owned	Amount of ecurities eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common stock, \$0.01 par value per share 01/3			01/31/2	2024		F		2,092(1)	D	\$	80.08		15,221 ⁽²⁾		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivat		rative rities nired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A) (D)		(D)	Date Exercis	able	expiration or Num		Numb	er						

Explanation of Responses:

- 1. Represents shares of common stock withheld by the Issuer to satisfy certain tax withholding obligations upon the vesting of time-based shares of restricted stock previously granted to the reporting person. The grants of such shares were previously reported and made under the Issuer's Amended and Restated 2020 Incentive Plan. No shares were sold by the reporting person.
- 2. The purpose of this amendment is to reflect the correct amount of common stock withheld by the Issuer to satisfy certain tax withholding obligations and the amount of securities beneficially owned by the reporting person.

/s/ Nathan Bryce, Attorney-in-02/06/2024 fact for Kristi Smith

** 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.