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| FORM N-PX FILER INFORMATION | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM N-PX ANNUAL REPORT OF PROXY VOTING RECORD | OMB APPROVAL |
| Form N-PX | | OMB Number: 3235-0582 Estimated average burden hours per response: 20.8 |

N-PX: Filer Information

| | |
|---|---|
| Filer CIK: | <input type="text" value="0001644419"/> |
| Filer CCC: | <input type="text" value="*****"/> |
| Date of Report: | <input type="text" value="06/30/2025"/> |
| Are you a Registered Management Investment Company or an Institutional Manager? | <input type="text" value="Registered Management Investment Company"/> |
| Filer Investment Company Type | <input type="text" value="Form N-1A Filer (Mutual Fund)"/> |
| Is this a LIVE or TEST Filing? | <input type="text" value="LIVE"/> |
| Is this an electronic copy of an official filing submitted in paper format? | <input type="checkbox"/> |

Submission Contact Information

| | |
|----------------|---|
| Name | <input type="text" value="Nicole DeMarco"/> |
| Phone | <input type="text" value="631-470-2704"/> |
| E-mail Address | <input type="text" value="edgar@blugiant.com"/> |

Notification Information

| | |
|---------------------------------|---|
| Notify via Filing Website only? | <input type="checkbox"/> |
| Notification E-mail Address: | <input type="text" value="edgar@blugiant.com"/> |

N-PX: Series/Class (Contract) Information

| | |
|--------------------|--|
| All? | <input type="checkbox"/> |
| Series ID Record 1 | |
| Series ID | <input type="text" value="S000054990 LGM Risk Managed Total Return Fund"/> |
| All? | <input type="checkbox"/> |
| Class ID Record 1 | |
| Class ID | <input type="text" value="C000172959"/> |
| Class ID Record 2 | |
| Class ID | <input type="text" value="C000172960"/> |

N-PX: Cover Page

Name and address of reporting person:

| | |
|---|--|
| Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter) | <input type="text" value="Northern Lights Fund Trust IV"/> |
| Street 1 | <input type="text" value="225 Pictoria Drive, Suite 450"/> |
| Street 2 | <input type="text"/> |

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|--|--------------|
| City | Cincinnati |
| State/Country | OH |
| Zip code and zip code extension or foreign postal code | 45246 |
| Telephone number of reporting person, including area code: | 631-470-2600 |

Name and address of agent for service:

| | | |
|--|------------------------------------|------|
| Name of agent for service | The Corporation Trust Company | |
| Street 1 | 1209 Orange Street | |
| Street 2 | | |
| City | Wilmington, DE 19801 | |
| State/Country | DE | |
| Zip code and zip code extension or foreign postal code | 19801 | |
| Reporting Period: | Report for the year ended June 30, | 2025 |
| SEC Investment Company Act or Form 13F File Number: | 811-23066 | |
| CRD Number (if any): | | |
| Other SEC File Number (if any): | 333-204808 | |
| Legal Entity Identifier (if any): | 549300UIBIHXQ3PDEC28 | |

Report Type (check only one):

| | | |
|--|---|---|
| Do you wish to provide explanatory information pursuant to Special Instruction B.4?: | Registered Management Investment Company. | |
| | <input type="checkbox"/> | Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.) |
| | <input checked="" type="checkbox"/> | Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.) |
| Additional information: | Institutional Manager. | |
| | <input type="checkbox"/> | Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.) |
| | <input type="checkbox"/> | Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below) |
| | <input type="checkbox"/> | Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).) |
| | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| Additional information: | | |

N-PX: Summary - Included Series

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|-------------------|---|
| Number of Series: | 1 |
|-------------------|---|

Information about the Series: 1

| | |
|-------------------------------|------------------------------------|
| Series Identification Number: | S000054990 |
| Series Name: | LGM Risk Managed Total Return Fund |
| LEI: | 549300N2LKIUKPGU2W67 |

N-PX: Signature Block

Reporting Person:

Northern Lights Fund Trust
IV

By (Signature):

/s/ Wendy Wang

By (Printed Signature):

/s/ Wendy Wang

By (Title):

President of the Trust

Date:

08/18/2025