FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response       | : 0.5     |  |  |  |  |  |  |  |  |

|        | Check this box if no longer subject |
|--------|-------------------------------------|
| $\Box$ | to Section 16. Form 4 or Form 5     |
| $\cup$ | 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

|  |  |         |            |   |   |   | • • •                                       |                                    |  |   | ' '  |                      |                              |  |  |   |  |  |          |
|--|--|---------|------------|---|---|---|---|------------------------------------|--|---|--|----------------------|------------------------------|--|--|---|--|--|----------|
| Name and Address of Reporting Person*     Smith Tiffany Rose |  |         |            |   | 2. Issuer Name and Ticker or Trading Symbol Lulu's Fashion Lounge Holdings, Inc. [ LVLU]                  |   |   |                                    |  |   |  |                      |                              |  | all app  | p of Reporti<br>blicable)<br>tor<br>er (give title                | Ū  | erson(s) to l<br>10% Ov<br>Other (s                                | wner     |
| (Last) (First) (Middle) 195 HUMBOLDT AVENUE                  |  |         |            | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2023 |   |   |   |                                    |  |   |  |                      | Λ                            | belov  |  |   | below)   | , ,  |          |
| (Street)   | CA 95928   |         |            |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |   |                                    |  |   |  |                      |                              | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |  |          |
| (City)   | (St  | ate) (Z | Zip)       |   | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to |   |   |                                    |  |   |  |                      | irsuant to                   |  |  | truction or wr  | ritten pl  | lan that is int  | ended to |
|  |  | Table   | I - No     | n-Deriva  |   |   |   |                                    |  |   | ons of Rule 1  |                      |                              |  |  | ned   |  |  |          |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |         |            | //Year)   | Deemed<br>cution Date,<br>y<br>oth/Day/Year)  |   | Transaction Disposed (Code (Instr. 5)       |                                    | ties Acquired (A<br>I Of (D) (Instr. 3 |   | 3, 4 and Secu  |                      | cially<br>I                  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)   |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |          |
|  |  |         |            |   |   |   |   |                                    | Code                                   | v | Amount   | (A)<br>(D)           | or Pric                      |  |  | rted<br>action(s)<br>3 and 4)                                     |  |  |          |
| Common Stock 07/02/2   |  |         |            |   | 2023  |   |   |                                    | F                                      |   | 527(1)   | 527 <sup>(1)</sup> D |                              | .53  | 3 195,705  |   |  | D  |          |
|  |  | Tab     | ole II -   | Derivativ<br>(e.g., pu                                      |   |   |   |                                    |  |   |  |                      |                              |  | Owne   | d   |  |  |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any |         | tion Date, | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   |   | rative<br>rities<br>iired<br>r<br>osed<br>) | 6. Date E<br>Expiratio<br>(Month/D | on Da                                  |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4 |                      | Deri<br>Sec<br>(Ins          | rice of<br>vative<br>urity<br>tr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |
|  |  |         |            |   | Code  | v | (A)   | (D)                                |  |   | Expiration<br>Date   | Title                | or<br>Number<br>of<br>Shares |  |  |   |  |  |          |

## Explanation of Responses:

1. Represents shares withheld by Lulu's Fashion Lounge Holdings, Inc. to cover tax withholding obligations upon vesting of a restricted stock unit award on July 2, 2023.

/s/ Alexa Pisczak, Attorney-

in-Fact for Tiffany Rose

mith

07/05/2023

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.