FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APPR | OVAL | | | | |
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| OMB Number: | 3235-0287 | | | | |
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| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 and Address of Reporting Person* Smith Tiffany Rose | | | | | | u's F | | | er or Tra | | Symbol <u>ldings, I</u> | <u>nc.</u> [| | (Che | ck all app Direc | licable) | | rson(s) to Is 10% Ov Other (s | vner |
|--|---|---------|---------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--|--------------------------------------|-----------------|--|--|-----------------------------------|--|--|---|---------|-------------------------------------|---|
| (Last) 195 HUN | (Fir MBOLDT A | , | Middle) | | 3. Date of Earliest Transa 03/31/2024 | | | | saction (Month/Day/Year) | | | | | X | belov | | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (Street) | CA | . 0 | 5928 | | 4. If Amendment, Date of | | | | e of Original Filed (Month/Day/Year) | | | | | 6. Inc Line) | | | | g (Check Aporting Person | · |
| | CF | | | | | | | | | | | | Form Perso | | re thai | n One Repo | orting | | |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | | uction or writt | ten plar | n that is inter | nded to | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution ay/Year) if any | | cution Date, | | Transaction Disposed Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3 | | 3, 4 and Secu Bene Own | | cially Following | Form (D) or | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | Price | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 03 | | | 03/31/ | 2024 F 2,974 ⁽¹⁾ D | | | | |) | \$1.4 | 346,156 | | | 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) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any Cod | | Transa Code (| | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date Title | | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

1. Represents shares withheld by Lulu's Fashion Lounge Holdings, Inc. to cover tax withholding obligations upon the vesting of a restricted stock unit award on March 31, 2024.

/s/ Alexa Pisczak, Attorney-in-04/02/2024 Fact for Tiffany Rose Smith

** Signature of Reporting Person

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.