| SEC Form 4 | |
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| FORM | 4 |

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

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

| OMB APP | ROVAL |
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| | |
| /B Number | 3235-028 |

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| FRANCISCO (City) | (State) | (Zip) | — | | Person | | | | |
|--|---|---------------|--|-------------------|----------------------------|-----------------------|--|--|--|
| (Street) SAN CA | | 94104 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | | | | | |
| | 1 A A A A A A A A A A A A A A A A A A A | Г, SUITE 1100 | | | | | | | |
| (Last) (First) (Middle) C/O STITCH FIX, INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024 | 1 | Officer (give title below) | Other (specify below) | | | |
| 1. Name and Address of Reporting Person* <u>MCCOLLAM SHARON</u> | | | 2. Issuer Name and Ticker or Trading Symbol Stitch Fix, Inc. [SFIX] | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|-----------------------|---------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 12/12/2024 | | A | | 41,866 ⁽¹⁾ | Α | \$ <mark>0</mark> | 108,509 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date (Month/Day/Year) ed ed | | Expiration Date | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Amount of Derivative becurities Security Inderlying (Instr. 5) berivative becurity (Instr. | | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|---|--|---|--|-----------------|--|---|--|--|--|--------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | |

Explanation of Responses:

1. 100% of the restricted stock units will vest on the earlier of the first anniversary of the date of grant or the next Annual Meeting of Stockholders. All vesting is subject to the Reporting Person's ContinuousService through the applicable vesting date. Outstanding restricted stock units are subject to acceleration upon a Change in Control.

Remarks:

/s/ Casey O'Connor, Attorney-12/16/2024

in-Fact for Sharon McCollam

** 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.