FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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

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Name and Address of Reporting Person* Williams Elizabeth Goodman						2. Issuer Name and Ticker or Trading Symbol Stitch Fix, Inc. [ SFIX ]									ationship o k all applio Directo	able)	g Pers	son(s) to Issi 10% Ow		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/12/2023									Officer (give title below)			Other (s below)	pecify	
C/O STITCH FIX, INC.						f Ame	ndment. I	Date o	of Original	Filed	(Month/Da	av/Year)	- 6	6. Individual or Joint/Group Filing (Check Applicable						
1 MONTGOMERY STREET, SUITE 1100						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)						
,															X Form filed by One Reporting Person					
(Street)															Form fi Person		e thar	One Repor	ting	
SAN	C.	A	94104		$\vdash$															
FRANCISCO CA 34104				Rı	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														
(City) (State) (Zip)					∣⊔	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Ins	tr. 3)		2. Trans	action		2A. Deeme		3.			ties Acquir			5. Amou				7. Nature	
Date						Execution Date, ay/Year) if any				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			tr. 3, 4 a	ınd	Securitie Beneficia				of Indirect Beneficial	
(montain)							(Month/Day/Year)								Owned F				Ownership (Instr. 4)	
					Code	v	Amount	ount (A) or P		e	Transact	saction(s) r. 3 and 4)		ľ						
Close A (	Common St.	a als	2/202	/2022		A		22.051	32,051 <sup>(1)</sup> A		20	<u> </u>			D					
Class A Common Stock 12/12/							/2025 A 32,031 <sup>(3)</sup> A				`	\$0 73,508 D								
		-	Table II - I												wned					
			· ·	· • · ·		can	<del>.</del>	_				ble secu		<del>_</del>						
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Date, T	4. Fransa Code (I		of E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S	. Price of Perivative Decurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er							
Non- qualified Stock Option (Right to Buy)	\$4.05	12/12/2023			A		64,102		(1)	1	2/11/2033	Class A Common Stock	64,10	)2	\$0	64,102	2	D		

## Explanation of Responses:

1. 100% of the restricted stock units and options 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 Continuous Service through the applicable vesting date. Outstanding restricted stock units are subject to acceleration upon a Change in Control.

## Remarks:

/s/ Casey O'Connor, Attorneyin-Fact for Elizabeth Goodman 12/14/2023 Williams

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.