FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| STATEMENT OF | CHANGES IN | BENEFICIAL | OWNERSHIP |
|--------------|------------|------------|-----------|
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| OMB APPROVAL | | | | | | | | | |
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| hours per response | e: 0.5 | | | | | | | | |

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* <u>Aufderhaar David</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Stitch Fix, Inc. [SFIX] | | | | | | | | k all app Direc | tor | | 10% Ov | vner | | |
|--|--|-------------------------------|---|----------|---|---|--|--------------------------------------|--|---------------------------|--------------------|---|--------------------|--|---|---|---|-------------------------------|--|
| (Last) | (Last) (First) (Middle) 1 MONTGOMERY ST. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2023 | | | | | | | | belov | er (give title v) Chief Finar | | Other (s below) Officer | specify |
| (Street) SAN FRANCISCO CA 94104 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 12/14/2023 6. Individual or Joint/Gro Line) X Form filed by O Form filed by M Person | | | | | | | | filed by On | e Repo | orting Perso | on | | | |
| (City) | (St | ate) (Z | Zip) | | | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | , Dis | posed of | , or B | enefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Date, | Transaction Disposed Of Code (Instr. 5) | | ies Acquired (A Of (D) (Instr. 3, | | 3, 4 and Sec Ben Ow | | Amount of curities eneficially vned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 12/13/ | | | | 12/13/2 | 2023 | | | F | | 36,681 ⁽¹⁾ D | | \$ | 4.05 | 722,688 | | | 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 | Date E (Month/Day/Year) if | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De Sei (In: | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | | | | Date Exercis | able | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares that have been withheld by the Company to satisfy tax withholding obligation in connection with the vesting of restricted stock units.

Remarks:

Casey O'Connor, Attorney-infact for David Aufderhaar

01/19/2024

** 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.