

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>LIGHT STREET CAPITAL MANAGEMENT, LLC</u> (Last) (First) (Middle) 525 UNIVERSITY AVENUE SUITE 300 (Street) PALO ALTO CA 94301 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/21/2017	3. Issuer Name and Ticker or Trading Symbol <u>Stitch Fix, Inc. [SFIX]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A common stock ⁽¹⁾	235,510	I ⁽²⁾⁽⁴⁾	See footnotes ⁽²⁾⁽⁴⁾
Class A common stock ⁽¹⁾	864,490	I ⁽³⁾⁽⁴⁾	See footnotes ⁽³⁾⁽⁴⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
LIGHT STREET CAPITAL MANAGEMENT, LLC
 (Last) (First) (Middle)
 525 UNIVERSITY AVENUE
 SUITE 300
 (Street)
 PALO ALTO CA 94301
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Kacher Glen Thomas
 (Last) (First) (Middle)
 525 UNIVERSITY AVENUE, SUITE 300
 (Street)
 PALO ALTO CA 94301
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Light Street Mercury Master Fund, L.P.
 (Last) (First) (Middle)
 525 UNIVERSITY AVENUE, SUITE 300
 (Street)
 PALO ALTO CA 94301
 (City) (State) (Zip)

(Street)	PALO ALTO	CA	94301
(City)		(State)	(Zip)

Explanation of Responses:

1. Due to the conditions to closing of the initial public offering of the Class A Common Stock ("Shares"), these Shares were not beneficially owned until closing, on November 21, 2017.
2. These Shares are held directly for the account of Light Street Halogen, L.P. ("Halogen"), and indirectly by Light Street Capital Management, LLC ("LSCM") and Glen Thomas Kacher ("Mr. Kacher").
3. These Shares are held directly for the account of Light Street Mercury Master Fund, L.P. ("Mercury"), and indirectly by LSCM and Mr. Kacher.
4. LSCM serves as investment adviser and general partner to each of Halogen and Mercury. Mr. Kacher is the president of LSCM. Each of LSCM, Mr. Kacher, Halogen and Mercury disclaims beneficial ownership of the Shares reported herein except to the extent of its or his pecuniary interest therein, and the inclusion of such Shares in this report shall not be deemed an admission of beneficial ownership of all of the reported Shares for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

[Light Street Capital Management, LLC, By: /s/ Theo J. Robins, Chief Compliance Officer](#) [11/27/2017](#)
[/s/ Glen Thomas Kacher](#) [11/27/2017](#)
[Light Street Mercury Master Fund, L.P., By: /s/ Light Street Capital Management, LLC, By: /s/ Theo J. Robins, Chief Compliance Officer](#)

** 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 5 (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.