FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL         |           |  |  |  |  |  |  |  |  |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:          | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average bu | ırden     |  |  |  |  |  |  |  |  |

0.5

hours per response:

| 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

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|--|---|--|---|---------|---|---|------------------|---|-----------------------------------|--------------------------------------|----------------------|--|------------|--------|---|---|--|----------------|--|--|--|
| 1. Name and Address of Reporting Person* <u>DUNLEVIE BRUCE</u> |   |  |   |         |   | 2. Issuer Name and Ticker or Trading Symbol Stitch Fix, Inc. [ SFIX ] |                  |   |                                   |                                      |                      |  |            |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |                |  |  |  |
|  |   |  |   |         |   |   |                  |   |                                   |                                      |                      |  |            |        |   | Direc                                       | tor  |                | X 10% (  | Owner  |  |
| (Last) (First) (Middle) 2965 WOODSIDE ROAD                     |   |  |   |         | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2019 |   |                  |   |                                   |                                      |                      |  |            |        | Office  | er (give title<br>v)                        | •  | Other<br>below | (specify<br>)  |  |  |
|  |   |  |   |         |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)              |                  |   |                                   |                                      |                      |  |            |        | 6. Individual or Joint/Group Filing (Check Applicable                   |   |  |                |  |  |  |
| (Street) WOODSIDE CA 94062                                     |   |  |   |         |   |   |                  |   |                                   |                                      |                      |  |            |        |   | Line)  X Form filed by One Reporting Person |  |                |  |  |  |
| (City)   | (Si   | tate) (                                    | Zip)  |         |   |   |                  |   |                                   |                                      |                      |  |            |        | Form filed by More than One Reporting<br>Person                         |   |  |                |  |  |  |
| (0.5)  |   | (  | p <i>)</i>  |         |   |   |                  |   |                                   |                                      |                      |  |            |        |   |   |  |                |  |  |  |
|  |   | Tabl                                       | e I - No  | n-Deriv | ative   | Sec   | curitie          | s Ac  | quired                            | , Dis                                | posed o              | f, or  | Ben        | eficia | ally C  | Owne  | ed   |                |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)  |   |  |   |         |   | Execution (ay/Year) if any  |                  | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year) |                                   | Transaction Disposed Code (Instr. 5) |                      | ties Acquired (A) o<br>I Of (D) (Instr. 3, 4   |            |        | l and Securi<br>Benefi  |   | es<br>ially<br>Following   | Forr<br>(D)    | wnership<br>n: Direct<br>or Indirect<br>nstr. 4)                         | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |   |  |   |         |   |   |                  |   | Code                              | v                                    | Amount               | (A<br>(D   | ) or<br>)) | Price  | Trans   |   | action(s)<br>3 and 4)  |                |  | (111501.4)   |  |
| Class A Common Stock 06/14/                                    |   |  |   |         |   | /2019   |                  |   |                                   | V                                    | 65,512               | 2  | D          | \$0.00 |   | 0   |  |                | I  | See<br>footnote <sup>(1)</sup>                                     |  |
|  |   | Та   |   |         |   |   |                  |   |                                   |                                      | osed of,<br>onvertib |  |            |        | y Ow  | vned  |  |                |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   | n of             |   | 6. Date E<br>Expirati<br>(Month/I | on Dat                               |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>and 4) |            |        |   |   | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y D o (I       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  | Code  | v       | (A)   | (D)   | Date<br>Exercisa | or<br>Nu<br>Date Expiration of                        |                                   | nount<br>mber<br>ares                |                      |  |            |        |   |   |  |                |  |  |  |

## Explanation of Responses:

1. Shares are held by Bruce W. Dunlevie's family trust.

## Remarks:

/s/ Steven M. Spurlock, by power of attorney for Bruce W. 06/18/2019 <u>Dunlevie</u>

\*\* 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.