FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

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## 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

Name and Address of Reporting Person*     Williams Elizabeth Goodwin					2. Issuer Name <b>and</b> Ticker or Trading Symbol Stitch Fix, Inc. [ SFIX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
williams Enzabeth Goodwin														or		10% O	vner	
(Last) (First) (Middle) ONE MONTGOMERY TOWER SUITE 1500						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2019									r (give title )		Other (s	specify
(Street) SAN FRANCISCO CA 94104			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tab	le I - Noi	า-Deriv	ative	Se	curitie	s Ac	quired, [	Disp	osed c	of, or Be	neficia	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,			Code (Ir	Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)				Benefic Owned	es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	nt (A) or Pi		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A Common Stock 01/10/			0/2019	2019		A		3,772 <sup>(1)</sup> A		\$0	3,772			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Security or Exercise (Month/Day/Year)		if any	cution Date, T		4. Transaction Code (Instr. 8)		of E		6. Date Exercisab Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Non- qualified Stock Option (Right to	\$18.68	01/10/2019			A		8,064		(2)	01	/09/2029	Class A Common Stock	8,064	\$0	8,064	1	D	

## **Explanation of Responses:**

- 1. 100 percent 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 Continuous Service through the applicable vesting date. Outstanding restricted stock units are subject to acceleration upon a Change in Control.
- 2. 100 percent of the 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 options are subject to acceleration upon a Change in Control.

/s/ Scott Darling, Attorney-in-Fact for Elizabeth Goodwin

01/14/2019

Williams

\*\* 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.