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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 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* SHAKED HEZY					2. I TI	2. Issuer Name and Ticker or Trading Symbol TILLY'S, INC. [TLYS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) C/O TIL:	LY'S, INC.	irst)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021									Officer (give title below) See Remark			specify
(Street) IRVINE (City)	C.		92618 (Zip)		- 4. l	If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	`			Non-Deriv	vative	e Sec	uriti	ies A	cauire	ed. D	isposed o	of. or B	enefic	cially	Owned				
1. Title of Security (Instr. 3)		2. Transact Date (Month/Day	ion	Execution Date,		Deemed cution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Class A Common Stock		06/15/2	021				М		2,000	Α	\$11	1.41	2	,000		D			
Class A Common Stock 06/15/20		021				S		2,000	D	\$16.2	6.2625(1)		0		D				
Class A Common Stock											60,000		D ⁽²⁾						
		T	able I								sposed of , converti				wned				
Derivative Conversion D		(Month/Day/Year) if any		emed tion Date, n/Day/Year)		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		D S (II	Price of erivative ecurity nstr. 5)		ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy)	\$11.41	06/15/2021			M			2,000	(3	3)	03/19/2029	Class A Commo		00	\$0.00	48,000		D	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.25 to \$16.29, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges
- 2. The shares reported herein are held by The Hezy Shaked Living Trust under which the Reporting Person is trustee and beneficiary.
- 3. The option vests in four equal annual installments on each of the four anniversaries of the grant date, subject to the Reporting Person's continued employment with or service to the Issuer through the applicable vesting date.

Remarks:

The Reporting Person is Executive Chairman and Chief Strategy Officer.

/s/ Michael L. Henry, Attorney-06/16/2021 in-Fact for Hezy Shaked

** 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.