FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
I	Estimated average burden									
١	hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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		,				прапу леге			_							
1. Name and Address of Reporting Person* <u>Aragones Teresa Luna</u>						2. Issuer Name and Ticker or Trading Symbol TILLY'S, INC. [TLYS]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														⊣ '	X Director			10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023									Offic belov	er (give title v)		Other (s	specify		
C/O TIL	4 If Ar	4. If Amandment, Date of Original Filed (Month /Day March									6. Individual or Joint/Group Filing (Check Applicable										
10 WHATNEY						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Line)						
,												X Form filed by One Reporting Person									
(Street) IRVINE CA 92618														Form filed by More than One Reporting Person							
			Rula	Rule 10b5-1(c) Transaction Indication																	
(0:1.)	(0)		•• \		ITTUIC	Mule 1000-1(c) Halisaction indication															
(City) (State) (Zip)					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	l - No	n-Deriva	tive Se	ecui	rities	Acc	uired,	Dis	posed of	, or	Ben	eficia	lly Owi	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,			ate,	3. 4. Securities Disposed Of State S			es Acq Of (D)	quired (Instr.	(A) or 3, 4 and	Secur Benef Owne	icially d	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
														Follov Repor		(Instr	^(. 4)				
									Code	v	Amount	(A (D	() or ()	Price		action(s) 3 and 4)					
Class A C	2023				A		12,214(1) .	A	\$0.00	22,796			D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., pu	ts, cal	ls, v	varra	ants,	option	ıs, c	onvertib	le se	ecur	ities)							
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			ition Date,	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 an		S (I	Price of erivative ecurity nstr. 5)	vative derivative irity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code		v	(A)	(D)	Date Expiration Date		Title	or Num of	ount nber res								

Explanation of Responses:

1. Represents shares of restricted stock, which vest in two equal annual installments on each of the succeeding two anniversaries of the grant date.

Remarks:

/s/ Michael L. Henry,
Attorney-in-Fact for Teresa
Luna Aragones

06/16/2023

** 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.