SEC Form 4

Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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I

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. Name and Address of Reporting Person [*] JOHNSON SETH R | | | | uer Name and Ticke LY'S, INC. [| 0 | Symbol | | ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner | | | | |
|--|--|----------|--|---|-----------------------------------|---|-------------------|---|---|--|--|--|
| (Last) | (First) | (Middle) | | e of Earliest Transa 3/2024 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | |
| C/O TILLY'S | | | 4. If A | mendment, Date of | f Original Filec | l (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Grou Form filed by On | | | | |
| (Street) | СА | 92618 | | | | | | Form filed by Mo Person | re than One Re | porting | | |
| | | ,2010 | Rule | e 10b5-1(c) | Transact | ion Indication | | | | | | |
| (City) | (State) | (Zip) | | | | action was made pursuant t ns of Rule 10b5-1(c). See I | | | ten plan that is int | ended to | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Secu | rity (Instr. 3) | | 2. Transaction Date (Month/Dav/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |

| | (Month/Day/fear) | (Month/Day/Year) (Month/Day/Year) | | instr. | | | | | (I) (Instr. 4) | Ownership (Instr. 4) | |
|----------------------|------------------|-----------------------------------|------|--------|-----------|---------------|-------------------|------------------------------------|----------------|-------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Class A Common Stock | 06/13/2024 | | Α | | 15,296(1) | Α | \$ <mark>0</mark> | 103,720 | D | | |

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

| | (org), parto, cano, mananto, optiono, control tible cocantico/ | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----|--|--|--------------------|-------|---|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | vative nities nired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/\ | ate | Deriv | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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:

<u>/s/ Michael L. Henry,</u> <u>Attorney-in-Fact for Seth R.</u> 06/24/2024 <u>Johnson</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.