FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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-	OIVID APPROVAL									
	OMB Number:	3235-0287								
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	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 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. Name and Address of Reporting Person* HABEN MARY KAY				2. Issuer Name and Ticker or Trading Symbol Grocery Outlet Holding Corp. [GO]									Relationship heck all app Direc	licable)	ng Per	rson(s) to Is 10% Ov			
(Last)	(F	rst) (M	Middle)	_	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024									Office below	er (give title v)		Other (s below)	pecify	
C/O GROCERY OUTLET HOLDING CORP. 5650 HOLLIS STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								Lir	i. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person				·		
(Street) EMERY	eet) IERYVILLE CA 94608			D. I. 4015 4(a) Tanana (ian In ii ii										Form filed by More than One Reporting Person					
(City)	(S	tate) (2	(ip)		Rule 10b5-1(c) Transaction Indication 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	I - Non-De	rivat	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu ay/Year) if any		Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)		Disposed (ties Acquired (A I Of (D) (Instr. 3		(A) or 3, 4 a	nd Securit	urities F eficially (I ned Following (I		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A (D) or)	Price	Transa	action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/03/2					2024				A		6,803(1)) A \$0		22,675			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	te,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direc or Inc (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares					ı	

Explanation of Responses:

1. Represents 6,803 deferred stock units ("DSUs") granted to the reporting person which are scheduled to vest on the earlier of (i) the date of the next annual meeting of stockholders following the date of grant; or (ii) June 3, 2025, subject to the continued service of the reporting person through such vesting date, and, if vested, will be settled in shares of Common Stock upon the reporting person's termination of service from the board of directors. The DSUs represent the annual equity retainer under the Issuer's non-employee director compensation policy.

Remarks:

/s/ Lauri Fischer, Lauri Fischer, attorney-in-fact

06/05/2024

** Signature of Reporting Person

son 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.