FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C. 20549
vvasimigtoni	, D.O. 200 7 0

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 1005-

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(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* Sheedy Robert Joseph Jr.					2. Issuer Name and Ticker or Trading Symbol Grocery Outlet Holding Corp. [GO]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Sheedy Robert Joseph Jr.															Direc			10% O		
(Look) (First) (Middle)					3 Dat	2. Data of Farlicat Transaction (Month/Day/Was-)									Office below	er (give title v)		Other (s	specify	
(Last) (First) (Middle) C/O GROCERY OUTLET HOLDING CORP.					3. Date of Earliest Transaction (Month/Day/Year) 09/16/2024									President & CEO						
5650 HOLLIS STREET																				
3030 110	If Amendment, Date of Original Filed (Month/Day/Year)									6 In	6. Individual or Joint/Group Filing (Check Applicable									
(Street)					1	incha	nont,	Date of	Origino	11 1100	a (Month) Da	y/ rear)	'	Line)			.		
EMERY	VILLE CA	9	4608												_	Form filed by One Reporting Person				
-															Form Perso	filed by Mo on	re tha	n One Repo	orting	
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - Nor	n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	posed of	, or B	ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (E 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) (D)	(A) or (D)		Transa	ed ction(s) 3 and 4)			(Instr. 4)				
Common Stock 09/16/2					2024				G		10,389	П)	\$ <mark>0</mark>	86,083			D		
Common Stock 09/16/					2024				G		10,389	89 A		\$0	107,492				By Trust ⁽¹⁾	
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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any				4. Transaction Code (Instr. 8)		of	vative irities ired r osed)	Expirati	ate Exercisable and iration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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		Expiration Date	Title	Amor or Numl of Share	per						

Explanation of Responses:

1. Reflects shares directly held by The Sheedy Family Trust of which Mr. Sheedy is a Trustee.

Remarks:

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

09/16/2024

** 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.