FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|

| STATEMENT | OF CHANGES | S IN BENEFICI | AL OWNERSHIP |
|------------------|------------|---------------|--------------|

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours ner resnonse: | | | | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Jaros Carey F. | | | | | 2. Issuer Name and Ticker or Trading Symbol Grocery Outlet Holding Corp. [GO] | | | | | | | | k all app Direc | tor | ng Per | 10% O | wner | | |
|---|--|-------|------------------------------|----------|--|---|--|-----------------|------------------------|--|----------|-----------------------------------|---|---|------------------------------------|--|--|---------|-------------|
| (Last) (First) (Middle) C/O GROCERY OUTLET HOLDING CORP. 5650 HOLLIS STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021 | | | | | | | | Office below | er (give title | | Other (: below) | specify | |
| (Street) EMERY (City) | VILLE (| A 9 | 14608 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | iired (A nstr. 3, |) or 4 and | Securit Benefic | Securities Beneficially Owned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transaction(s) (Instr. 3 and 4) | | | | (111311. 4) |
| Common Stock 03/04/2 | | | | 2021 | | A | | 2,821(1) | 2,821 ⁽¹⁾ A | | 0.00 | 3,581 | | | 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | tive derivative ty Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V (A) (D) | | Date Exercis | able | Expiration Date | Title | or Numb of Share | | | | | | | |

Explanation of Responses:

1. Represents 2,821 restricted stock units ("RSUs") granted to the reporting person which are scheduled to vest on March 1, 2022, subject to the continued service of the reporting person through such vesting date.

Remarks:

/s/ Pamela B. Burke, Pamela B. Burke, as Attorney-in-Fact

03/08/2021

** 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.