FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	$D \subset$	20540	
vasiiiiiuloii.	D.C.	20049	

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

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

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*  Moody-Byrd Gail				2. Issuer Name and Ticker or Trading Symbol Grocery Outlet Holding Corp. [ GO ]								(Ct	neck all app	onship of Reporting I Il applicable) Director		rson(s) to Is 10% Ov			
(Last)	(F	irst) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024									Office	er (give title v)		Other (s below)	pecify	
C/O GROCERY OUTLET HOLDING CORP. 5650 HOLLIS STREET				Р.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	e)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person					
(Street) EMERY	VILLE C	A 9	4608		Rul	e 10	)b5-	1(c)	Tran	sact	tion Indi	icati	on		Form Perso		re tha	n One Repo	orting
(City)	(S	tate) (2	Zip)		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.									ided to					
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Exec		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) o Of (D) (Instr. 3, 4			nd Securit Benefic Owned	ties Fe cially (E d Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			msu. 4)
Common Stock 06/03/2					2024			A		6,803(1)	<u> </u>	A	\$ <mark>0</mark>	19	19,614		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, or Exercise (Month/Day/Year) if any		n Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nstr.	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 Exercis	able	Expiration Date	Title	or Nun of	nber					

## **Explanation of Responses:**

1. Represents 6,803 restricted stock units ("RSUs") 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. The RSUs 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

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.