| SEC Form 4 | 4 |
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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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| | OMB Number: | 3235-0287 | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | Estimated average burden | | | | | | | | | |
| l | 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 Addr Dunn Sarah (Last) 10 HUDSON Y | (First) | <u>TAP</u> | Ler Name and Tick PESTRY, INC ie of Earliest Transa 7/2022 | <u>.</u> [тр | R] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Global Human Resources Officer | | | | |
|---|---------------|-----------------|---|---|--------------------------------------|-----|--|---|--|---|---|---|
| (Street) NEW YORK (City) | NY (State) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | lividual or Joint/Group Filing (Check Applica Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Table I - Non-I | Derivative S | ecurities Acq | uired, | Dis | posed of, | or Ber | eficially | y Owned | | |
| 1. Title of Security (Instr. 3) Date (Month/D: | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) Code | | 4. Securities Disposed Of 5) Amount | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |

| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |
|---|---|-------------|------------------------|-------------------------------|--------------|------------|------------------|------------|------------|------------|-------|---------------------------|--|--|
| | | | 3. Transaction Date | 3A. Deemed Execution Date, | | of | Expiration Date | Amount of | Derivative | | | 11. Nature of Indirect | | |
| 1 | Security | or Exercise | (Month/Day/Year) | if any | Code (Instr. | Derivative | (Month/Day/Year) | Securities | Security | Securities | Form: | Beneficial | | |

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2,759

| | Conversion or Exercise Price of Derivative Security | Execution Date, if any (Month/Day/Year) | | | | | Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: Direct (D) | of Indirect Beneficial Ownership (Instr. 4) | |
|--|---|---|------|---|-----|-----|-------------------------------------|--------------------|---|--|--------------------------------------|--|---------------------|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Common Stock⁽¹⁾

1. These shares were withheld to pay the taxes in connection with the vesting of restricted stock units.

<u>/s/ Emily S. Zahler, Assistant</u> <u>Corporate Secretary, pursuant</u> to a power of attorney filed with the Commission

the commission

** Signature of Reporting Person Date

\$37.11

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D

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).

08/17/2022

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.