FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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|                          |           |  |  |  |  |  |  |  |  |
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response       | . 0.5     |  |  |  |  |  |  |  |  |

OMB APPROVAL

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 10b5Filed 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*     Schena Joseph J  |   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Simply Good Foods Co [ SMPL ] |  |                 |  |  |                      |  |                    | (Ched              | 5. Relationship of Reporting Person(s) to Issi (Check all applicable)  Director 10% Own          |   |  |  |  |                          |  |   |
|--|---|--|--|--|-----------------|--|--|----------------------|--|--------------------|--------------------|--|---|--|--|--|--------------------------|--|---|
| (Last) 1225 177  | (Fir  | (First) (Middle)                           |  |  |                 | 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024  |  |                      |  |                    |                    |  |   | 1  | Officer (give title below)  Officer (specific below) |  |                          |  |   |
| SUITE 1000   |   |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                 |  |  |                      |  |                    |                    | 6. Individual or Joint/Group Filing (Check Applicable Line)                                      |   |  |  |  |                          |  |   |
| (Street) DENVER CO 80202                                   |   |  | 0202   |  |                 |  |  |                      |  |                    |                    | V  | Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |                          |  |   |
| (City)   | (Sta  | ate) (2                                    | Zip)   |  |                 |  |  |                      |  |                    |                    |  |   |  |  |  |                          |  |   |
|  |   | Table                                      | I - Non-   | -Deriva  | tive S          | Secu   | rities   | Acq                  | uired,   | Dis                | posed of           | , or E   | 3ene  | ficiall  | y Own  | ed   |                          |  |   |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |  |  | Execution Date, |  | 3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5) |                      |  | (A) or<br>3, 4 and |                    | ties Form<br>cially (D) of<br>d Following (I) (II  |   | Direct<br>Indirect<br>str. 4)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |  |                          |  |   |
|  |   |  |  |  |                 |  |  | Code                 | v  | Amount (A) o       |                    | or   | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |  |                          | (Instr. 4)   |   |
| Common Stock 09/06/2                                       |   |  |  |  | 2024            |  | A  |                      | 3,827(1)                                       | 1                  | 4                  | \$ <mark>0</mark>  | 16,735  |  |  | D  |                          |  |   |
|  |   | Tal  |  |  |                 |  |  |                      |  |                    | osed of, o         |  |   |  | Owne   | d  |                          |  |   |
| Security or E<br>(Instr. 3) Prid<br>Der                    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution if any   | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year)    |                 | S. Norman S. Nor |  | osed<br>)<br>r. 3, 4 | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y |                    | te                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | De<br>Se<br>(Ir                                | Price of erivative ecurity astr. 5)                  | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y G<br>F<br>D<br>o<br>(I | 0.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>() (Instr. 4) | 11. Naturr<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |
|  |   |  |  |  | Code            | v  | (A)  | (D)                  | Date<br>Exercis                                | able               | Expiration<br>Date | Title  | Amo<br>or<br>Num<br>of<br>Shar  | .  |  |  |                          |  |   |

## **Explanation of Responses:**

1. Represents restricted stock units ("RSUs") granted pursuant to the issuer's annual director compensation program. Each RSU represents the contingent right to receive one share of the issuer's common stock. The RSUs vest on the first anniversary of the grant date.

## Remarks:

/s/ Timothy R. Kraft, as Attorney-in-Fact for Joseph J. 09/09/2024 Schena

\*\* Signature of Reporting Person

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.