FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				f Event Requir nt (Month/Day/ 020		3. Issuer Name and Ticker or Trading Symbol Simply Good Foods Co [ SMPL ]						
(Last) 1225 17TH ST. SUITE 1000 (Street) DENVER	(First)	(Middle) 80202				4. Relatio (Check a	onship of Reporting Person(s) to Iss all applicable) Director Officer (give title below) SVP and Chief HR (	10% Owner Other (specif	y below)		dividual or Joint/Grou	Original Filed (Month/Day/Year)  up Filing (Check Applicable Line)  ne Reporting Person  lore than One Reporting Person
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
			2. Amount Owned (In	t of Securities Beneficially estr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		Conve or Exe		cise or Indirect (I)		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Expirat Exercisable		Title		Amount or Number of Shares	Price of Derivative Security		(Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Timothy R. Kraft, as Attorney-in-Fact 07/15/2020 for Susan K. Hunsberger

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (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).

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby makes, constitutes and appoints Timothy R. Kraft and Neil J. Eckstein, signing singly, (i) execute for and on behalf of the undersigned, in the undersigned's capacity as a director, director nominee, officer or beneficial owner of (ii) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such (iii) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorneys-in-fact, may be of The undersigned hereby grants to such attorneys-in-fact full power and authority to do and perform any and every act and thing whatsoever required. This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file reports or schedules under Section 1.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 14th day of July, 2020.

By: /s/ Susan K. Hunsberger

Name: Susan K. Hunsberger Title: SVP and Cheif Human Resources Officer