FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	DC 2	0549	

OMB APPROVAL

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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 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction	10.																	
Name and Address of Reporting Person* Sahi Levesque Rati			2. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																
Sam L	<u>vesque i</u>	<u>van</u>							-		-				Dire			10% Ov	
,														_	✓ Office below	er (give title w)		Other (s	specify
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										,	utive	, ,	
C/O THEREALREAL			12/17/2024 Chief Executive Officer																
55 FRANCISCO STREET SUITE 400																			
(a) (b)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Lir	- /		_	5	
SAN	C.	A 9	4133													n filed by On		•	
FRANC	ISCO														Forr Pers	n filed by Mo	re tha	n One Repo	orting
-															-				
(City)	(S	ate) (2	<u>Z</u> ip)																
		Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired,	, Dis	posed of	, or	Ben	efici	ally Owr	ned			
1. Title of	Security (Ins	tr. 3)		2. Transac										7. Nature					
Date (Month/Da				Execution Date, if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 aı		ities icially) or Indirect (Instr. 4)	of Indirect Beneficial Ownership				
				(Month/Day/Year)						Owne	d Following (l) (
								Code	v	Amount	(A (E	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 12/17/2				2024				D		25,340(1)	D	\$9.:	51 2,4	121,116		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		Idi									onvertib					u			
1. Title of 2. 3. Transaction 3A. Deemed					4. 5. Number 6. Date Exercisable and 7. Title and					8. Price of				11. Nature					
Security or Exercise (Month/Day/Year) if any (Month/Lay/Year) (Month/Lay/Year) (Month/Lay/Year) or Exercise (Month/Lay/Year) if any (Month/Lay/Year) or Exercise (Month/Day/Year) if any (Month/Lay/Year) if any (Month/Lay/Year) or Exercise (Month/Lay/Year) if any (Month/Lay/Year) or Exercise (Month/Lay/Year) if any (Month/Lay/Year) or Exercise (Month/Lay/Ye			ion Date, Transac				Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial				
				/Day/Year)	8)		Securities		Underly			derlying	9	(Instr. 5)	str. 5) Beneficial		Direct (D)	Ownership	
	Derivative Security					Acquired (A) or		Derivative Security (Ins				Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
										3 an	nd 4)			Reported Transactio	n(e)				
					(Instr. 3, 4							(Instr. 4)	(3)						
					and 5)														
													Am	ount					
													Nur	nber					
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Sha	ires					
		1	ı		1	I	1		1		l					1	- 1		1

Explanation of Responses:

1. Represents shares withheld by TheRealReal, Inc. to satisfy taxes payable in connection with the vesting of 30,000 shares of the performance award granted on March 3, 2023.

By: Todd Suko For: Rati

12/18/2024

Levesque

** 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.