FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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 10b5-14(x). See high truiting of the sale of

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). Si	ee Instruction 1	10.																	
1. Name and Address of Reporting Person* Lynch Chatelle Aileen					2. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Lynch</u>	Chatche	Affecti							-		-					rector		10% O	
														_		ficer (give titl low)	е	Other (: below)	specify
(Last) (First) (Middle) C/O THEREALREAL					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2024								Chief People Officer						
55 FRANCISCO STREET SUITE 150																			
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
SAN															✓ Fo	rm filed by C	ne Re	porting Pers	on
FRANCI	ISCO CA	A 9	4133												Fo	rm filed by Merson	lore th	an One Rep	orting
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ov	vned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nd Sed Ber Ow	mount of urities eficially ned Following	For (D)	m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
										v	Amount	(/	A) or D)	Price	Tra	orted nsaction(s) tr. 3 and 4)			(Instr. 4)
Common Stock 11/20/2					2024				F 63,		63,944(1)	D	\$4.	43	3 591,056(2)		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Dec		4.		_	mber			isable and		Title and		8. Price	of 9. Numbe	er of	10.	11. Nature
Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ion Date,	Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	Derivati Security (Instr. 5)	derivativ Securitie	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents shares withheld by TheRealReal, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units.
- 2. Includes 5,000 shares acquired through the company's Employee Stock Purchase Plan on November 14, 2024.

By: Todd Suko For: Chatelle Lynch

11/21/2024

** 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.