FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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 Address of Reporting Person* <u>JULIAN ROBERT K.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL] | | | | | | | | | | eck all app Direc | licable) tor | | Owner |
|--|---|---------|----------|----------------------|--|---|---|----------|--|--|--------------------|--|---|----------------------------|---|--|---|--|
| (Last) | (Fir | , | ⁄liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2023 | | | | | | | | | ^ below | Officer (give title below) Chief Financial Officer | | |
| 55 FRANCISCO STREET SUITE 400 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN FRANCISCO CA 94133 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (Z | ľip) | | $ _{\square}$ | Check t | his box | to indic | Transaction Indication cate that a transaction was made pursuant to a contract, instruction or written plan that is intended defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | ntended to |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | eficia | lly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Executy/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | |
| | | | | | | Code | v | Amount | (A) (D) | | Price | | eu ction(s) 3 and 4) | | (Instr. 4) | | | |
| Common Stock 10/01/2 | | | | | 2023 | | | | F ⁽¹⁾ | | 10,847 | I | D | \$2.1 | 980,994 | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | perivative Conversion Date Execution Date, decurity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amo or Num of Shai | nber | | | | |

Explanation of Responses:

1. Represents shares withheld by TheRealReal, Inc. to satisfy taxes payable in connection with the vesting of restricted stock units.

By: Todd Suko For: Robert K. <u>Julian</u>

** 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.