FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or : | Section | on 30(n) | of the | investme | nt Co | mpany Act | of 194 | .0 | | | | | | | |
|--|---|--|---|---------|---|---|----------|------------------|--|-------|--|--|----------------|---|---|---|---|---|--|--|
| 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) Director 10% Owner | | | | | | |
| ouiii Le | vesque iv | <u></u> | | | - | | | | | | | | | | v (| Director Officer (give t | tle | Other | (specify | |
| (Last) (First) (Middle) C/O THEREALREAL, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2020 | | | | | | | | | 2 t | chief O | ow) bow) Chief Operating Offi | | | |
| 55 FRANCISCO STREET, SUITE 600 | | | | | | | | | | | | | | | | | | | | |
| Street) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SAN FRANCI | sco CA | Α 9 | 94133 | | | | | | | | | | | | | • | | Reporting Pers | | |
| | | | | | - | | | | | | | | | | | erson | wore t | than One Rep | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Ber | eficia | ally Ov | vned | | | | |
| Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | | id 5) Se Be Or | Amount of ecurities eneficially wned Followin | F (C | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Tr | eported ansaction(s) estr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/26/2 | | | | | /2020 | 2020 | | S ⁽¹⁾ | | 1,478 | | D | \$15. | 569 | 383,118 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | | |
| Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | J | 8. Price Derivati Securit (Instr. 5 | ive derivativ y Securitie | re es ally g d tion(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nu of | nount imber ares | | | | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 4, 2019.

/s/ Matt Gustke, attorney-in-

<u>fact</u>

02/28/2020

** 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.