FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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* Suko Todd A		2. Date of E Requiring S (Month/Day 05/01/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL]				
(Last) (First) (Midd C/O THEREALREAL 55 FRANCISCO STREET (Street) SAN FRANCISCO CA 9413 (City) (State) (Zip)				4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Legal Office	10% C Other below)	wner • (specify	^ Person	oint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
	ıab	ie i - Non	-Derivati	ve Securities Benefit	cially O	wneu		
1. Title of Security (Instr. 4)		ole I - Non	2 E	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: E (D) or II (I) (Insti	ership 4 Direct C	1. Nature of Indire Ownership (Instr.	
1. Title of Security (Instr. 4)	Т	able II - D	erivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: E (D) or Ir (I) (Insti	ership 4 Direct C ndirect r. 5)		
Title of Security (Instr. 4) Title of Derivative Security (Instr.	Ti (e.g.,	able II - D	erivative S, warrar	2. Amount of Securities Beneficially Owned (Instr. 4) Securities Beneficia	3. Owner Form: [(D) or Ir (I) (Instributed Securities	ership 4 Direct C ndirect r. 5)	5. Ownership	

Explanation of Responses:

No securities are beneficially owned.

05/07/2020

** Signature of Reporting

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 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).

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.