FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee instruction				,															
Name and Address of Reporting Person* Koryl John E					2. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KOLYI JOHN E															✓ Di	ector		10% O	wner	
,																ficer (give title		Other (specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below) below) Chief Executive Officer					
C/O THEREALREAL					08/20/2024										Chief Executive Officer					
55 FRANCISCO STREET SUITE 150																				
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
SAN	_															rm filed by Or	a Par	norting Pers	on	
FRANC	FRANCISCO CA 94133														Form filed by One Reporting Person Form filed by More than One Reporting					
																rson	ore ure	an one rep	orting	
(City)	(St	ate) (Ž	<u>Z</u> ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)		2. Transac	tion		Deemed		3.		4. Securitie					mount of			7. Nature	
Date (Month/Day					//Year) Execution Date, if any (Month/Day/Yea			,	Transaction Code (Instr. 3 5)				3, 4 aı	Ber	urities eficially ned Following	(D)	orm: Direct 0) or Indirect) (Instr. 4)	of Indirect Beneficial Ownership		
					(,	Code	V	Amount	(4	A) or	Price	Rep Tra	orted nsaction(s)			(Instr. 4)		
									Jour	Ľ	Amount	([D)	1 1100	(Ins	tr. 3 and 4)				
Common Stock 08/20/2									D		30,743(1))	D	\$2 .	54 2	2,977,728		D		
		Tal	ole II -	Derivati	ve Se	curit	ties A	Acqu	ired, I	Disp	osed of,	or B	Benef	ficial	ly Owr	ned				
											onvertib									
1. Title of Derivative Security	2. Conversion or Exercise		3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)				f	8. Price Derivativ Security	derivative Securities		10. Ownership Form:	Beneficial Ownership (Instr. 4)		
(Instr. 3) Price of Derivative Security			(Month	/Day/Year)										(Instr. 5)	Beneficially Owned Following	´	Direct (D) or Indirect (I) (Instr. 4)			
					Disposed of (D)		3 and 4)						Reported Transaction	- 1	(-, (
								(Instr. 3, 4 and 5)							(Instr. 4)					
			ľ									Am	ount							
													or	mber						
				Code	v	[, <u>,</u> ,	_m	Date	abla	Expiration	T:41	of								
					Code	٧	(A)	(D)	Exercis	sable	Date	Title	e Sha	ares		1	- 1		1	

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: John

08/21/2024

<u>Koryl</u>

** 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.