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
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 10b5-1(c). See Instruction 10.

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

motruc																					
Name and Address of Reporting Person* Sahi Levesque Rati						2. Issuer Name and Ticker or Trading Symbol TheRealReal, Inc. [REAL]									5. Re (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
- Duill DV	<u>zvesque i</u>				.											0.00	give title		Other (s		
(Last)	(F	irst)	(Middle)		3 [Date (of Earl	iest Tran	eacti	ion (Mor	nth/F)av/Vear)			-	below)			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O THEREALREAL					3. Date of Earliest Transaction (Month/Day/Year) 12/02/2024								Chief Executive Officer								
55 FRANCISCO STREET SUITE 150																					
					.	lf Amo	ndma	nt Data	of O	riginal E	ilod	(Month/Da	w/Voor)		6 In	dividual or	loint/Crour	Eiling	(Check Ap	nlicable	
(Street)					4.1	II AIIIE	Hume	in, Date	OI OI	rigiriai F	ileu	(IVIOTILIT/Da	iy/ rear)		Line		ioini/Group) FIIII	g (Crieck Ap	plicable	
SAN	cago C	A	94133												Į.	Form f	iled by One	Repo	orting Perso	n	
FRANC	ISCO		, 1100													Form f Persor		e thar	n One Repo	rting	
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curi	ties Ac	qui	ired, C	Disp	osed o	f, or B	enef	iciall	/ Owned					
1. Title of Security (Instr. 3)		2. Transaction Date			2A. Deemed Execution Date.			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3.					A) or	or 5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect			
				(Month/Day/Ye				Code (Instr.					, 4 anu	Benefici	ally (D)	(D) o	or Indirect	Beneficial Ownership			
					(WOIIIII/Day/ fear		ar)	′ °' —			mount (A) or (D)			Owned Following Reported Transaction(s)		(I) (Instr. 4)	(Instr. 4)				
										Code			V	Amount	Price	(Instr. 3	and 4)				
Common Stock 12/02				2/202	/2024			M		44,905		A	\$1.74	2,45	2,459,393		D				
Common Stock 12/02/			2/202	/2024			F ⁽¹⁾		12,937)	\$6.04	2,44	6,456		D					
			Гаble II - I	 Deriva	tive	Sec	uritie	es Aca	uire	ed. Di	spo	sed of.	or Be	nefic	ially	Owned					
												onvertil									
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				Date,		ransaction ode (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	or Nu of	mber ares						
Incentive				$\overline{}$			 	 			\dagger			\top							
Stock Option (right to buy)	\$1.74	12/02/2024			M			44,905		(2)	0	2/19/2025	Common	ⁿ 44	,905	\$0.0	0		D		

Explanation of Responses:

- 1. Represents shares withheld to satisfy the payment of the exercise price
- 2. This stock option is fully vested at the time of exercise.

By: Todd Suko For: Rati Levesque 12/04/2024

** 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.