SEC For	m 4																				
FORM 4 UNITE				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB Number:         3235-024           Estimated average burden            hours per response:         0				
1. Name and Address of Reporting Person <sup>*</sup> Wrede Thilo					2.1	2. Issuer Name and Ticker or Trading Symbol Vital Farms, Inc. [VITL]									eck all applic Directo	able) r	10% Owr				
(Last) (First) (Middle) C/O VITAL FARMS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023									X Officer (give title Other (specify below) below) Chief Financial Officer						
3601 SOUTH CONGRESS AVENUE, SUITE C100 (Street)					- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
AUSTIN						Form filed by More than One Reporting Person											rting				
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication            Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	ole I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or B	enef	iciall	y Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.				4 and Securitie Beneficia Owned F		s For ally (D) ollowing (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	Amount (A) or (D) P		Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
Common Stock 03/17/					7/202	2023		Α		30,554	(1) <b>A \$0.00</b>		) 30,	30,554		D					
		-	Table II -								osed of, convertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiratior (Month/Da	n Date	e	of Secu Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s Ily	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	iount mber ares							
Employee Stock Option (right to buy)	\$13.91	03/17/2023			A		87,206		(2)		03/17/2033	Commo Stock	<sup>n</sup> 87	,206	<b>\$</b> 0.00	87,20	6	D			

Explanation of Responses:

1. Represents a restricted stock unit ("RSU") award. The RSUs vest in three equal annual installments commencing on March 17, 2024, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.

2. The option will vest in three equal annual installments commencing on March 17, 2024, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.

/s/ Jason Minio, Attorney-in-03/21/2023

Fact 05/2
\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.