FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	vvasn	ington, D.C. 2054	49		
STATEMENT	OF CHANG	ES IN BEN	NEFICIAL (	OWNERSH	ΉР

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e 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).

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

1. Name and Address of Reporting Person*  Bal Joanne				2. Issuer Name and Ticker or Trading Symbol Vital Farms, Inc. [ VITL ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O VITAL FARMS, INC.					e of Earliest Transa 5/2024	action (I	Month	Day/Year)		Officer (give title Other (specify below)  GC, SEC. AND HEAD OF IMPACT					
3601 SOUTH CONGRESS AVENUE, SUITE C100					mendment, Date of	f Origina	al File	d (Month/Day	6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable					
(Street) AUSTIN	TX	78704									Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)													
	Ta	able I - No	n-Derivat	tive S	ecurities Acq	uired	, Dis	posed of,	or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)			Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed O 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	Amount (A) o		Price	Transaction(s) (Instr. 3 and 4)					
Common Stock 11/15/2			024		<b>A</b> <sup>(1)</sup>		270	Α	\$23.91	59,371	D				
		Table II -			curities Acqui						Owned				

## (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction 3.A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9.

1. 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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

1. These shares were acquired under the Issuer's Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).

/s/ Jason Minio, Attorney-in-Fact

11/19/2024

\*\* Signature of Reporting Person

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

- $^{\star}$  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.