FORM 4

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

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Pappas Peter Nicholas						2. Issuer Name <b>and</b> Ticker or Trading Symbol Vital Farms, Inc. [ VITL ]								5. Relationship of Reporting Person(s) to I (Check all applicable) Director 10% C					vner		
(Last)	) (First) (Middle) VITAL FARMS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024								Officer (give title below)  CHIEF SAL		Other (s below) ES OFFICER		specify		
3601 SOUTH CONGRESS AVENUE, SUITE C100					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable     X Form filed by One Reporting Person					on		
(Street) AUSTIN	Street) AUSTIN TX 78704														Form filed by More than One Reporting Person						
(0)								Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contrac satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 1											uction or writt	en pla	an that is inter	nded to		
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	l, Dis	posed of	, or E	Benefic	ially	Own	ed					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.				/Year) Execu		eemed ition Date, h/Day/Year)					Acquired (A) of (D) (Instr. 3, 4		and 5) Secu Bene Owne		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) oi (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(IIISU. 4)		
Common Stock 05/21/20						024					5,250	D	\$38.5	52 <sup>(1)</sup> 7		5,262		D			
Common Stock 05/22/20					024						10,436	D	\$40.6	53 <sup>(2)</sup>	65,826		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	rice of ivative curity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares								

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$38.02 to \$38.94 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnotes (1) and (2).
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.24 to \$40.95 inclusive.

/s/ Jason Minio, Attorney-in-

\*\* Signature of Reporting Person Date

05/23/2024

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.