FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235- 0104						
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* <u>Aufderhaar David</u>	2. Date of E Requiring S (Month/Day 04/03/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Stitch Fix, Inc. [SFIX]							
(Last) (First) (Middle) 1 MONTGOMERY ST.		ū	Issuer	ationship of Reporting	Person(s 10% C	,	File	d (Month/Day/	Date of Original Year) int/Group Filing	
(Street) SAN FRANCISCO CA 94104			X	Officer (give title below) Chief Financia	below)	(specify		eck Applicable Form filed I Person	e Line) by One Reporting by More than One	
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock				81,416 ⁽¹⁾	I	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	d 3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)				ise Form:	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	OI N of		Amount or Number of Shares		ve	or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

1. This includes 28,053 shares directly owned and 53,363 unvested restricted stock units.

Remarks:

<u>Casey O'Connor,</u> <u>Attorney-in-fact for David 04/04/2023</u>

Date

<u>Aufderhaar</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 5 (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.