FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

\bigcirc	ΛD	AΡ	DD	\sim	/ A I
()1\	ЛΚ	AΡ	РΚ	() \	/AI

OMB Number:	3235-0287
Estimated average burden	
hours nor rechence:	0.5

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

(State)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

affirmative defense 10b5-1(c). See Ins	conditions of Rule							
Name and Address of Reporting Person* Woodlief Philip			2. Issuer Name and Ticker or Trading Symbol Hillman Solutions Corp. [HLMN]		elationship of Reporting Person(s) to Issuer ck all applicable)			
	•		Date of Earliest Transaction (Month/Day/Year)	1 ^	Director	10% Owner		
(Last)	(First)	(Middle)	06/07/2024		Officer (give title below)	Other (specify below)		
1280 KEMPER MEADOW DR.								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line				
(0, 1)				X	X Form filed by One Reporting Person			
(Street)				1	Form filed by More than One	e Reporting Person		
FOREST PARK	OH	45240		1				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) (Month/		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	06/07/2024		A		13,605(1)	A	\$0	55,811	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

- 1	1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number of		6. Date Exercisable and 7		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	1		
- 1	Derivative	Conversion	Date	Execution Date,	Transaction Derivative		tive Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	1		
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Instr. Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	ı		
- 1		Price of		(Month/Day/Year)	8) Acquired (A)		1		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	ı		
-1		Derivative					or Disp	osed of						Owned	or Indirect	(Instr. 4)	L
- 1		Security			(D) (Instr. 3, 4					Following	(I) (Instr. 4)		1				
- 1					and 5)							Reported			1		
- 1														Transaction(s)			1
- 1						l						Amount		(Instr. 4)			ı
- 1						l						or					ı
-1					l	١	l	l	Date	Expiration		Number					L
ı					Code	V	(A)	(D)	Exercisable	Date	Title	of Shares					1

Explanation of Responses:

1. Represents restricted stock units ("RSUs") that are a contingent right for the Reporting Person to receive one share of common stock for each RSU upon vesting. The RSUs will vest in full on the earlier of the first anniversary of the grant date or the next annual meeting of stockholders, subject to the Reporting Person's continued service on the board of directors through the vesting date.

Remarks:

(City)

By: /s/ Daniel M. Bauer, as attorney-in-fact

** Signature of Reporting Person Date

06/10/2024

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

(Zip)

- * 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.