FORM 4

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

Washington, D.C. 20549

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OMB Number:	3235-0287
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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).

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

### 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 of 10b5-1(c). See Instr						
Name and Address of Reporting Person      Kraft Robert O.			2. Issuer Name and Ticker or Trading Symbol Hillman Solutions Corp. [ HLMN ]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer
(Last) 1280 KEMPER M	(First) (Middle)  MPER MEADOW DR.		3. Date of Earliest Transaction (Month/Day/Year) 09/07/2024	X	Officer (give title below)  CFO and Tro	Other (specify below)
(Street) FOREST PARK (City)	OH (State)	45240 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing Form filed by One Repo Form filed by More than	orting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Tra		tion str.	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	09/07/2024		A		157,894	A	<b>\$0</b> (1)	463,895	D	

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

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

#### **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 50% on the third anniversary of the grant date, 25% on the fourth anniversary of the grant date, and 25% on the fifth anniversary of the grant date, in each case subject to the Reporting Person's continued employment with the Issuer through the applicable vesting date.

## Remarks:

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

\*\* Signature of Reporting Person Date

09/09/2024

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.