FORM 4

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

Washington,	D.C. 20549	

STATEMENT	OF CHAN	NGES IN BE	ENEFICIAL C	<b>WNERSHIP</b>

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e· 0.5									

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

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>Jessick David</u>				2. Issuer Name and Ticker or Trading Symbol BIG 5 SPORTING GOODS Corp [ BGFV ]						(Ch	Relationship eck all app X Direc	,		son(s) to Is 10% Ov					
(Last)	(	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023								Office below	er (give title		Other (s below)	pecify	
C/O BIG 5 SPORTING GOODS CORPORATION 2525 EAST EL SEGUNDO BLVD.				4. If A							Line	. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person							
(Street) EL SEG	(Street) EL SEGUNDO CA 90245			Dul	Form filed by More than One Reporting Person									orting					
(City)	(	State)	(Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	e I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securitie Disposed 0 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 an	Benefic	ies cially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price		Price	Transa	action(s) 3 and 4)			(Instr. 4)
Common	Stock, pa	r value \$.01		12/15/	2023 12/20/2023		A		2,707(1)	) A :		\$ <mark>0</mark>	16	5,311		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [0	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Date Exercis	able	Expiration Date	Title	Amo or Num of Shar						

## **Explanation of Responses:**

1. Represents shares as to which the reporting person acquired beneficial ownership as a result of automatic reinvestment of dividend accruals in respect of previously reported restricted stock units held by the reporting person pursuant to the issuer's equity incentive plan. These restricted stock units will vest on the same dates as the units in respect of which the dividends accrued. These accruals and reinvestments occur following grant of the units, with the accrual date being the deemed execution date reported herein.

IAN R. LANDGREEN, ATTORNEY-IN-FACT

12/21/2023

\*\* Signature of Reporting Person Date

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.