FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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| Check this box if no longer subject | STATEMENT OF CHANGE |
|-------------------------------------|---------------------------------|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) |

OMB APPROVAL 3235-0287 S IN BENEFICIAL OWNERSHIP 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* DUCHENE KATE W | | | | | 2. Issuer Name and Ticker or Trading Symbol RESOURCES CONNECTION, INC. [RGP] | | | | | | | | | | Relationsh heck all ap X Dire | , | ng Pe | rson(s) to Is | | |
|--|---|--|--------------|---|--|--|--------|---|-----------------|--|------------|---------------------------|--|--|---|--|---|--|--|--|
| (Last) (First) (Middle) 17101 ARMSTRONG AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2023 | | | | | | | | | | X Officer (give title below) Other (below) President & CEO | | | specify | | |
| (Street) IRVINE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Lir | ie) X Forn Forn | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or wriststisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | ruction or writ | ten pla | ın that is inte | nded to | | |
| | | Table | l - I | Non-Deriva | tive S | Secui | rities | Ac | quire | ed, Di | isposed of | f, o | r Ben | efici | ally Owr | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution ear) if any | | on Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | |) Securi Benefi Owner | Amount of curities neficially ned Following ported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | (| Code | v | Amount | | (A) or (D) | Price | Transa | action(s) 3 and 4) | | | (1130.4) | | |
| Common Stock 09/21/202 | | | 23 | | | | Α | | 1,477.4827(1 | | Α | A \$0.0 | | 360,287.6827 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exe if ar | Deemed cution Date, iy nth/Day/Year) | Code (| Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | Expiration Date | | | Ai Se Ui De 3 | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Represents dividend equivalent rights accrued on previously awarded restricted stock units which vest proportionately with the units to which they relate.

By: /s/ Lauren Elkerson For: Kate Duchene

09/22/2023

** 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.