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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a)	of the Securities	Evobango	Act of 1024
Flieu pursuant to Section To(a)	or the Securities	Excitative	ACI 01 1934
or Section 20(h) of the I	nvoctmont Comp	any Act of	1040

					01	Oecii	511 50(11)	or the	Investmen	1 00			340						
1. Name and Address of Reporting Person [*] <u>von Maltzan Marco</u>				2. Issuer Name and Ticker or Trading Symbol RESOURCES CONNECTION, INC. [RGP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			1										X Direc	tor		10% O\	vner		
(Last)			(Middle)			Date o		t Tran	saction (Mo	onth/	Day/Year)			1	Office below	er (give title v)		Other (s below)	specify
17101 ARMSTRONG AVENUE			_ 4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)			00(14											_	,	filed by On	e Rep	orting Perso	n
IRVINE	C	A	92614		-										Form Perso		ore that	n One Repo	rting
(City)	(S	tate)	(Zip)		Rı	le '	10b5-	1(c) Trans	act	ion Inc	dica	ation						
						Chec satist	k this box fy the affir	to inc mative	licate that a t e defense co	trans; nditio	action was i ins of Rule	made 10b5-	pursuant 1(c). See	to a con Instructi	tract, instruc on 10.	tion or writte	n plan t	hat is intende	ed to
		Tab	le I - Noi	n-Deriv	vative	e Se	curitie	s Ac	quired,	Dis	posed o	of, c	or Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			Day/Year) Execution			2A. Deemed Execution Date, f any Month/Day/Year)		Code (Instr. 5)			4 and Securities Beneficially Owned Fol		Form: Ily (D) or I bllowing (I) (Inst		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	:	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Ir		(Instr. 4)
		Т							uired, D s, option						Owned		<u>.</u>		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		e O s F ily D i (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)	Date Exercisabl		Expiration Date	Title		Amount or Number of Shares					

Explanation of Responses:

(1)

Phantom

Stock

1. Award vests 25% after one year and 25% each year thereafter for the next three years. Represents credit of deferred compensation to reporting person's deferred stock account under the Directors Deferred Compensation Plan. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock to the extent then-vested become payable in cash to the reporting person upon separation from service as a director in accordance with the reporting person's election under the Directors Deferred Compensation Plan.

(1)

By: /s/ Lauren Elkerson For:	01/0	
<u>Marco von Maltzan</u>	01/0	
** Signature of Reporting Person	Date	

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Comm

Stock

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

(A)

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 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

01/02/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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