## FORM 4

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

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Washington	D.C. 20549		

OMB APPROVAL									
OMB Number	3235-028								

0.5

Estimated average burden hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Check this box to indicate that a
1	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 esticfy the effirmative

defense conditions of Rule 10b5-1(c).

Phantom	(1)	09/20/2024					736	П	(1)	T	(1)	Commor	7	36	\$0.0	53,163		D		
					Code	v	(A)	(D)	Date Exercisable		piration	Title	or	ount nber ires						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exer Expiration I (Month/Day/	ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Т							uired, Di						Owned				,	
									Code	Code V A		nt (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ay/Year) Exe		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr. 5)			rities Acquired (A ed Of (D) (Instr. 3,		Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	es Ac	quired, [	)isp	osed o	of, or B	enef	iciall	y Owned	d				
(City)	(St	tate) (	(Zip)		-										Form t Perso		e thar	one Repo	rting	
(Street) IRVINE											Line)  Form filed by One Reporting Person  Form filed by More than One Reporting									
(011)					- 4. If	Amer	ndment	t, Date	of Original F	iled	(Month/D	ay/Year)				Joint/Group	Filing	(Check Ap	plicable	
, ,	`	IG AVENUE	(iviluale)			3. Date of Earliest Transaction (Month/Day/Year) 09/20/2024														
(Last) (First) (Middle)						1							-	Officer (give title Other (below) below)				specify		
KISTINGER ROBERT F						RESOURCES CONNECTION, INC. [ RGP							1, _	Directo	,		10% Owner			
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						

## **Explanation of Responses:**

1. Represents dividend equivalent phantom shares accrued on previously awarded phantom shares in accordance with the terms of the Directors Deferred Compensation Plan. Each share of phantom stock is the economic equivalent of one share of common stock. These shares of phantom stock will 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.

> By: /s/ Lauren Elkerson For: Robert Kistinger

09/24/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.