## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

## 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

1. Name and Address of Reporting Person*  DIMICK NEIL F					2. Issuer Name and Ticker or Trading Symbol RESOURCES CONNECTION, INC. [ RGP								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 15950 NORTH DALLAS PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025						_		r (give title )		Other (s below)	specify			
SUITE 330  (Street)  DALLAS TX 75248				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(SI	ate)	(Zip)		Person								n					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				. Transacti ate Month/Day	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)				Benefic Owned	es For ally (D) following (I) (	Form (D) o	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
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)	3A. Deemed Execution Dat if any (Month/Day/Ye	Transac Code (In				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Phantom Stock	(1)	01/02/2025		A		11,467		(1)		(1)	Common Stock	11,467	\$0.0	65,53	1	D		

## **Explanation of Responses:**

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.

By: /s/ Lauren Elkerson For:

01/03/2025

Neil Dimick

\*\* 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.