FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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-

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(0). 00	e mstructi	011 10	•																			
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Citi Trends Inc [CTRN]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Seipel Kenneth Duane						[5114.]								K	Direct	tor		10% O	wner			
,															- R		er (give title		Other (specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									belov	′	O.F.	below)					
C/O CITI TRENDS, INC.				08/28/2024								Interim CEO										
104 COLEMAN BLVD.																						
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable								
(Street)							T. II Amendment, Date of Original Flied (Month/Day/Teal)									Line)						
SAVANNAH GA 31408														Form filed by One Reporting Person								
													Form filed by More than One Reporting									
(City)		(Sta	to) (7	(ip)												Perso	on					
(City)		(Sia	(2	.ip)																		
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Bene	eficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transact				tion											7. Nature							
Date (Month/Day					Execution Date, y/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			8, 4 and	Securit Benefic				of Indirect Beneficial						
[`			`	(Mon		nth/Day/Year)		8)				Owned Following Reported		(l) (lnstr. 4)	Ownership (Instr. 4)							
								Code	v	Amount	(A)	or F	Price	Transa	ction(s)			(111501. 4)				
										_		(D)	_		(Instr. 3	3 and 4)	_					
Common Stock 08/28/2			2024				P		25,000	A	. !	\$14.39	9 28	2,139		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
(e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of	2.		3. Transaction	3A. De	emed	4.		5. Nı	ımber	6. Date	Exerc	isable and	7. Titl	e and	8	. Price of	9. Number	of ·	10.	11. Nature		
Derivative Security	Convers or Exerc		Date (Month/Day/Year)	Execut if any	ion Date,			of Derivative		Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Monti				(Month	/Day/Year)	Code (Instr. 8)		Securities		(Wionini/Day/Tear)			Underlying			Instr. 5)	Beneficiall	у і	Direct (D)	Ownership		
	Derivative Security					Acquired (A) or			Derivative Security (In:			ıstr.		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)					
								Disposed of (D)		3 and 4)						Reported		()()				
									ŕ. 3, 4								Transaction(s) (Instr. 4)					
								and 5)														
														Amou								
											or Num	nber										
				Code V (A) (D)			Date Expiration Exercisable Date		of Shares		res											
							<u> </u>	١,,,	(-,													

Explanation of Responses:

/s/ Jennifer Beazley, Attorneyin-Fact 08/30/2024

** 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.