FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
|---------------|------------|
|---------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

|  | tion 1(b).  | illue. See                                 |                  | Filed  |  |   |        |   |        |  | es Exchang<br>npany Act o           |  | f 1934  |   |  | nours  | per n   | esponse:  | 0.5                                   |  |
|--|---|--|------------------|--|--|---|--------|---|--------|--|-------------------------------------|--|---|---|--|--|---------|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* Bhargava Vivek  |   |  |                  | 2. Issuer Name and Ticker or Trading Symbol Citi Trends Inc [ CTRN ] |  |   |        |   |        |  |                                     |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |   |  |  |         |   |                                       |  |
| (Last)   | ast) (First) (Middle) /O CITI TRENDS, INC.                            |  |                  |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023 |        |   |        |  |                                     |  |   | X   | Officer (give title below)  SVP, Supply C      |  |         | Other (s<br>below)<br>Operation                                   |                                       |  |
| 104 COLEMAN BLVD.  |   |  |                  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |        |   |        |  |                                     |  |   | 6. Individual or Joint/Group Filing (Check Appli Line)        |  |  |         |   |                                       |  |
| (Street)<br>SAVANNAH GA 31408                            |   |  |                  |  |  |   |        |   |        |  |                                     |  |   | X Form filed by One Re<br>Form filed by More th<br>Person     |  |  |         |   |                                       |  |
| (City)   | (S  | tate) (                                    | Zip)             |  | Rule 10b5-1(c) Transaction Indication                    |   |        |   |        |  |                                     |  |   |   |  |  |         |   |                                       |  |
|  |   |  |                  |  |  |   |        |   |        |  | action was mons of Rule 10          |  |   |   |  | uction or writt  | ten pla | an that is inte   | nded to                               |  |
|  |   | Table                                      | I - Nor          | n-Deriva   | tive S   | Secu  | rities | Acq   | uired, | Disp   | oosed of                            | , or E   | Benefic   | ially   | Own  | ed   |         |   |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |  |                  | /Day/Year) Exe   |  | A. Deemed<br>xecution Date,<br>any<br>//onth/Day/Year)      |        |   |        | Disposed (   | ies Acquired (A<br>Of (D) (Instr. 3 |  | and   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |                                       |  |
|  |   |  |                  |  |  |   |        |   | Code   | v  | Amount                              | (A) or<br>(D)  |   | ر ا .   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |         |   | (Instr. 4)                            |  |
| Common   | Stock   |  |                  | 05/05/   | 2023   |   |        |   | A      |  | 5,465                               | A  | \   | 80  | 6  | ,965   | D       |   |                                       |  |
|  |   | Та   |                  |  |  |   |        |   |        |  | osed of, o                          |  |   |   | wne  | d  |         |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution if any | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)          |  | 4.<br>Transaction<br>Code (Instr.<br>8)                     |        | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | Deriv<br>Secu<br>(Inst  | rice of<br>ivative<br>curity<br>ctr. 5)        | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у       | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |                  | Code   | v  | (A)   | (D)    | Date<br>Exercisa  | ıble   | Expiration<br>Date   | Title                               | Amount<br>or<br>Number<br>of<br>Shares   |   |   |  |  |         |   |                                       |  |

**Explanation of Responses:** 

/s/ Jason Moschner, as attorney-in-fact

05/09/2023

\*\* 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.