FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	PROVAL							
OMB Number: 3235-02								
Estimated average burden								
hours per respons	e: 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-

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

T(C). Se	ee Instruct	ion it). 																		
Name and Address of Reporting Person* Seipel Kenneth Duane			2. Issuer Name and Ticker or Trading Symbol Citi Trends Inc CTRN						(Cł	Relationship of Reporting Person(s) to Issuer (Check all applicable)											
Seipei Kenneth Duane				1	[5114,]								Director			10% O	wner				
													_		er (give title		Other (s	specify			
(Last)		(Firs	st) (N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)								— below)						
C/O CIT	I TREN	DS,	INC.			09/02/2024									Interim CEO						
104 COLEMAN BLVD.																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						',	4110110	iiiioiit,	Date of	ongina		(WOTHINDO	y, roai	,	Lin			p :g	(Oncon)	ppiloubic	
SAVANN	JAH	GA	3	1408		1										√ Form	filed by On	e Repo	rting Pers	on	
		<u> </u>		1.00		1									Form filed by More than One Reporting						
(O:t)		/Ot-	4-> /-	r: \		1										Pers	on				
(City)		(Sta	te) (2	(ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security	(Instr	:. 3)		2. Transa	ction										7. Nature					
					Date (Month/Date				cution Date,		Transaction Disposed Code (Instr. 5)		Of (D) (Instr. 3,		3, 4 aı	nd Securi Benefi				of Indirect Beneficial	
			l`	(Mor		onth/Day/Year)		8)					Owned	l Following	(l) (Ins	(Instr. 4)	Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Transa	ction(s)			(111541.4)		
											(0)			(Instr.	3 and 4)						
Common Stock 09/02/2				2024 A 3,639 A				\$ <mark>0</mark>	\$0 285,778 D												
			Tal	ole II -	Derivati	ve Se	curi	ties	Δαιιί	ired D	isno	osed of, o	or Be	nef	icial	v Owne	d			<u> </u>	
			141									onvertib					u				
1. Title of	2.		3. Transaction	3A. Dee	med	4.		5. N	umber	6. Date	Exerci	sable and	7. Titl	le and		8. Price of	9. Number	of 1	0.	11. Nature	
Derivative Security	Convers or Exerc		Date (Month/Day/Year)				ransaction ode (Instr.				Expiration Date (Month/Day/Year) Amoun					Derivative Security	derivative Securities			of Indirect Beneficial	
(Instr. 3)	(Instr. 3) Price of \(\) (Month			Day/Year)	8)			Securities		` Ur			Underlying		(Instr. 5)	Beneficiall	у D	Direct (D)	Ownership		
	Derivativ Security							Acquired (A) or Disposed		Se				Derivative Security (Instr.			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
													3 and 4)				Reported Transactio	I .	, ,		
									of (D) (Instr. 3, 4								(Instr. 4)	n(s)			
								and 5)													
						Code V		(A) (D)		.				Amo	ount						
														Nun	nber						
										Date Exercisable		Expiration Date	Title	of Sha	res						
							<u> </u>	1 6 7	ν-,												

Explanation of Responses:

/s/ Jennifer Beazley, Attorneyin-Fact 09/04/2024

** 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.