FORM 4

UNITED STATES SECUR

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	OMB APPROVAL										
	OMB Number:	3235-0287									
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0.5

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			or Se	ction 30(h) of the In	vestmer	nt Com	pany Act of 194	40						
Name and Address of Reporting Person* Josephs Paul				2. Issuer Name and Ticker or Trading Symbol LIFECORE BIOMEDICAL, INC. \DE\ [LFCR						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O LIFECORE BIOMEDICAL, INC.				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024						Officer (give title Other below) Chief Executive Officer		(specify		
3515 LYMAN BLVD. (Street)			4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
CHASKA	MN	55318	Rule	Rule 10b5-1(c) Transaction Indication										
(City)	(State)	(Zip)	Chec affirm	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
		Table I - No	n-Derivative S	Securities Acq	uired,	Disp	osed of, or	Benef	cially O	wned				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1130.4)		
Common Stock 05/2			05/20/2024		A		525,000	A	(1)	525,000	D			
Common Stock 05/2					F		8,975	D	(1)	516,025	D			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned puts, calls, warrants, options, convertible securities)

			(6	y., pt	its, c	alis, Walic	ııııs	, options,	Convertit	ne secu	illes)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Disposed of	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Performance- Based Restricted Stock Units	(2)	05/20/2024		A		1,500,000(3)		(4)	05/20/2029	Common Stock	1,500,000(3)	\$0	0	D	

Explanation of Responses:

- 1. The restricted stock units convert into common stock of Lifecore Biomedical, Inc. on a 1 for 1 basis.
- 2. Each performance-based restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 3. Represents the maximum number of performance-based restricted stock units that can vest based on the Issuer's achievement of certain stock price milestones.
- 4. The performance-based restricted stock units vest, if it all, based on the Issuer's achievement of certain stock prices.

Remarks:

/s/ Rebecca J Hilt Attorney-In-Fact for Paul Josephs

05/22/2024

** 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.