FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Diradoorian Raymond H | | | | | LIF | 2. Issuer Name and Ticker or Trading Symbol LIFECORE BIOMEDICAL, INC. \DE\ [LFCR] | | | | | | | | (Cl | neck all app X Direct | licable) or | ng Per | rson(s) to Is: | vner | |
|---|--|--|--|---------|------------------------------|---|-------|------------|---|----------------|----------|--|--|-------------|---|---|---|--------------------------------------|--|--|
| (Last) | • | irst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023 | | | | | | | | | below | r (give title) | | Other (s below) | респу | |
| 3515 LYMAN BLVD. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | A M | N ! | 55318 | | | | | | | | | | | | | | filed by Mo | | n One Repo | |
| (City) | (Si | tate) (| (Zip) | | 1_ | | | ` ' | • | | | on Ind | | | t to o oo | ntroot instru | otion or writts | un nlan | that is intend | lod to |
| | | | | | | satisfy | the a | ffirmative | e defe | ense con | dition | ns of Rule | 10b5-1 | (c). See | e Instruc | tion 10. | ction or writte | en pian | rinai is intend | ied to |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution ay/Year) if any | | | | Transaction Code (Instr. 5 | | | 1. Securities Acquired (A Disposed Of (D) (Instr. 3 5) | | | Benefic | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amoun | t (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (111341.4) |
| Common Stock 05/31 | | | | | 2023 | | | | M | | 9,47 | 74 A (1)(| | (1)(2 | 2) 12,242 | | | D | | |
| | 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. Deem Executior if any (Month/Da | n Date, | Date, Transacti Code (Ins | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | Ex Da | piration ate | Title | O N O | umber | | | | | |
| Restricted Stock | (1) | 05/31/2023 | | | M | | | 9,474 | | (2) | | (2) | Comn | | 9,474 | \$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. The restricted stock units vested on May 31, 2023.

Remarks:

/s/ Rebecca Hilt, Attorney-In-06/01/2023 Fact for Raymond Diradoorian

** 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.