FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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Washington, D.C. 20049	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028

OMB Number:	3235-0287
Estimated average bur	den
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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																			
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol LIFECORE BIOMEDICAL, INC. \DE\ [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Korenberg Matthew E				LFCR]									✓ Direct	ctor		10% Ov	vner			
(Loot)	/Fir	ort) (N	Aiddla)		LICK									Office	er (give title v)		Other (s	specify		
(Last) (First) (Middle) C/O LIFECORE BIOMEDICAL, INC.				Date of Earliest Transaction (Month/Day/Year)											,		,			
			IC.		08/1	9/202	4													
3515 LY	MAN BLV	D.			4. If A	Amend	ment.	Date o	f Origina	al File	d (Month/Da	ıv/Yea	r)	6.	Individual o	r Joint/Grou	p Filin	ıa (Check A	pplicable	
(Street)							,				- (,	.,	Lir	ne)			9 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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															Form Pers	n filed by Mo on	re tha	n One Repo	orting	
(City)	(St	ate) (Ž	Zip)																	
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Exec if an	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5)		es Acquired (A Of (D) (Instr. 3		(A) or 3, 4 a	nd Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A (D) or)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111511. 4)	
Common Stock 08/19/				08/19/	/2024				A		24,554		A	(1)(2	2) 2.	24,554		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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities lired r osed)	Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own For Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber res						

Explanation of Responses:

- 1. The restricted stock units convert into common stock of Lifecore Biomedical, Inc. on a 1 for 1 basis.
- 2. Vests on earlier of July 8, 2025 or the date of the annual meeting of stockholders of the Company first held in calendar year 2025 (provided such date is no less than 50 weeks from July 8, 2024).

Remarks:

/s/ Rebecca J Hilt, Attorney-

In-Fact for Matthew 08/21/2024

Korenberg

** 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.