FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \Box | 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 Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Lenner Michael Minkin | | | | | 2. Issuer Name and Ticker or Trading Symbol Hour Loop, Inc [HOUR] | | | | | | | | | (Ch | eck all app | tor | | 10% O | wner | |
|---|--|---------|----------|---|--|--|---|--------------------------------------|--|--------------------|--|-----------------|----------------------|---|---|---------------------------------|--|--|---|--|
| (Last) | (Fi | rst) (M | ∕liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023 | | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| C/O HOUR LOOP, INC. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| 8201 164TH AVE NE #200 | | | | | | | | | | | | | | - 1 | Line) X Form filed by One Reporting Person | | | | | |
| (Street) REDMOND WA 98052-7 | | | 7615 | | | | | | | | | | | Form Pers | n filed by Mo on | re tha | n One Rep | orting | | |
| , | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | 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 | l - Nor | n-Deriva | tive S | ecui | rities | Acq | uired, [| Disp | osed of | , or | Ben | eficia | lly Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | . | Exec if any | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securit Disposed and 5) | | | | | | Securi Benefi Owned Follow | cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (C | A) or O) | Price | Report Transa (Instr. | rted action(s) . 3 and 4) | | | | |
| Common | Stock | | | 06/30/2 | 2023 | | | | A ⁽¹⁾ 1,752 | | 1,752 | | Α | \$ <mark>0</mark> | 8,883 | | | 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities iired r osed) r. 3, 4 | 6. Date E: Expiration (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f (| s. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount mber ures | | | | | | | |

Explanation of Responses:

1. Represents a grant, approved by the issuer's Board of Directors, of restricted stock to the reporting person, as compensation for services rendered.

/s/ Michael Lenner

07/06/2023

** 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.