FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

	tion 1(b).			Filed	pursuar	nt to Se	ection 16(a)	of the Se	ecuritie	es Exchange	Act of 19	34		liours	s per response:	0.5
1. Name and Address of Reporting Person* <u>Lenner Michael Minkin</u>				2. Issuer Name and Ticker or Trading Symbol Hour Loop, Inc [ HOUR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								er (give title		(specify	
l	UR LOOP, 4TH AVE N				4. If Ar	mendn	nent, Date of	Origina	l Filed	(Month/Day	/Year)	6. Lir	ne)		p Filing (Check	.,
(Street)	(Street) REDMOND WA 98052-7615		.5									Form filed by More than One Reporting Person				
(City)						Rule 10b5-1(c) Transaction Indication  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 - Non-l	Deriva	tive S	ecur	ities Acqı	uired,	Disp	osed of,	or Ben	efici	ally Own	ed		
1. Title of S	Security (Ins		2 D	Deriva 2. Transac Date Month/Da	ction	2A. D Exec if any	Deemed eution Date,	3. Transa Code (	ction	4. Securitie Disposed C	s Acquire	d (A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of S	Security (Ins		2 D	2. Transac	ction	2A. D Exec if any	Deemed oution Date,	3. Transa Code (	action (Instr.	4. Securitie Disposed C	s Acquire	d (A) or	5. Amo Securi Benefi Owned Report Transa	ount of ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial
1. Title of S			2 D (I	2. Transac	ction ay/Year)	2A. D Exec if any	Deemed oution Date,	3. Transa Code ( 8)	action (Instr.	4. Securitie Disposed C 5)	s Acquire of (D) (Inst	d (A) or r. 3, 4 a	5. Amo Securi Benefi Owned Report Transa (Instr.	ount of ties cially I Following red action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
		tr. 3)	Die II - De	2. Transac Date Month/Da	etion ay/Year) 2024 ve Sec	2A. D Exec if any (Mon	Deemed oution Date,	3. Transa Code (8) Code A(1)	v Dispo	4. Securitie Disposed C 5)  Amount 2,139  seed of, c	(A) or (D)  A  Pr Bene	Price	5. Amo Securi Benefi Owned Report Transa (Instr.	ount of ties cially I Following red action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

## **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.

Code

/s/ Michael Lenner 01/10/2024

\*\* Signature of Reporting Person Date

Amount Numbe

of Shares

Title

Expiration Date

Date Exercisable

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.

and 5)

(A)

(D)