FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT	OF	CHANGES	IN I	BENEFICIAL	OWNERSHI	Ρ

OMB APPROVAL										
OMB Number: 3235-										
Estimated average burden										
hours per response	e: 0.5									

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Murray Joshua M.				2. Issuer Name and Ticker or Trading Symbol BEYOND MEAT, INC. [BYND]							(Ch	Relationship eck all app X Direc	,	ng Perso	on(s) to Is				
(Last)	(Fi	rst) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024							Office below	er (give title /)		Other (s	specify			
C/O BEYOND MEAT, INC.			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
888 N. D	OUGLAS	STREET, SUITE	E 100												ine) X Form filed by One Reporting Person				
(Street)	UNDO CA	. 0	0245												Form Perso	filed by Mo	re than	One Repo	orting
EL SEG	UNDO CA	1 7	0243		Rul	e 10)b5-	1(c)	Trans	sac	tion Indi	catio	on						
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,			Transaction Disposed (Code (Instr. 5)		ies Acquired (A) o Of (D) (Instr. 3, 4 a			Benefic Owned	ies cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 05/23/2				2024				A		35,464(1)	1) A		\$ <mark>0</mark>	35	35,464		D		
Common Stock 05/23			05/23/2	2024				A		14,895 ⁽²⁾ A		\$ <mark>0</mark>	0 50,359		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amo or Num of Shar		nber					

Explanation of Responses:

- 1. Restricted stock units ("RSU") granted under the 2018 Equity Incentive Plan ("Plan") on May 23, 2024. The RSU award vests in equal monthly installments over the 3-year period following the grant date, subject to the Reporting Person's continued service through each vesting date, and subject to accelerated vesting upon a Change in Control (as defined in the Plan).
- 2. RSUs granted under the Plan on May 23, 2024. The RSU award vests in equal monthly installments over the 12-month period following the grant date, subject to the Reporting Person's continued service through each vesting date, and subject to accelerated vesting upon a Change in Control (as defined in the Plan).

Remarks:

/s/ Teri L. Witteman, as Attorney-In-Fact for Joshua M. Murray

05/24/2024

** 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.