FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per respon	se: 0.5								

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
$\cup$	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(b) of the Investment Company Act of 1940

					1						iipaiiy Act C									
Name and Address of Reporting Person*  Waller Kathy N					2. Issuer Name <b>and</b> Ticker or Trading Symbol BEYOND MEAT, INC. [ BYND ]									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
						2 Date of Fauligat Transportion (Manth/Day/Nes-)													·	
(Last)	(F	irst) (N	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023										belo	er (give title w)		Other ( below)	specity			
C/O BE	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
888 N. DOUGLAS STREET, SUITE 100														Line	Line)  X Form filed by One Reporting Person					
(Street) EL SEGUNDO CA 90245															Form filed by More than One Reporting Person					
EL SEG	UNDO C	A 9	0245		Dul	~ 1 <i>(</i>	hE '	1(0)	Trong	200	tion Ind									
(City)	/6	tata) /-	7im)		Kui	<del>2</del> T(	JUS	T(C)	mans	sac	lion ind	lica	шоп							
(City)	(5	tate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									struction or wr	itten pla	an that is int	tended to		
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Disp	oosed of	f, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Deemed ution Date, / th/Day/Year)				ties Acquired (/ I Of (D) (Instr. 3			Secur Benet Owner Follow	ficially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	Amount	(	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)								
Common Stock 05/24/2						2023			A		8,228(1	1) A \$		\$0	13,558			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		;   ; ;   (	3. Price of Derivative Security Instr. 5)		y C	.0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res						

## Explanation of Responses:

1. Restricted stock units ("RSU") granted under the 2018 Equity Incentive Plan ("Plan") on May 24, 2023. 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 Kathy N 05/26/2023 Waller

\*\* 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.