FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							1	5. Relationship of Reporting Person(s) to Issuer					
				***								(Check all app	(Check all applicable)					
Nagler Lorna				ш	HIBBETT INC [HIBB]							W D		100				
(Last) (First) (Middle)				3. L	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner					
												Officer (give title below) Other (specify below)						
2700 MILAN COURT					3/28/2024													
(Street)					4. It	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
DIDMINCH	AM AT	25211																
BIRMINGHAM, AL 35211					_									X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																		
			Table 1	I - Non-	-Deri	ivati	ve Secu	rities Acq	uire	ed, Dis	posed of	f, or l	Be	neficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. D					Deemed	3. Trans. Code						Amount of Securities Beneficially Owned 6. 7. N						
				Exect Date.	if any	(Instr. 8)	or Dispose (Instr. 3, 4					Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Indirect Form: Beneficial	Beneficial		
												,				Ownership		
											(A) or						or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amour	nt (Ď)	Pri	ce				4)	
Common Stock (1)				3/28/20	24			A		1,64	8 A	\$	80			14,909	D	
	Tab	le II - Der	ivative	Securi	ties I	Bene	ficially	Owned (e	e.g. ,	puts, c	alls, wa	rran	ts,	options, conver	tible secu	rities)		
																10.	11. Nature	
Security (Instr. 3)	Conversion or Exercise	Date	Execution Date, if		str. 8)		Derivative Securities Acquired (A) or		and Expiration Date			Securities U Derivative				derivative Securities	Ownership Form of	of Indirect Beneficial
(msu. 3)	Price of Derivative		Date, II	ally		Disposed (Instr. 3,										Beneficially	Derivative	Ownership
								4 and 5)							Owned	Security: Direct (D)	(Instr. 4)	
	Security					1				<u> </u>						Following Reported	or Indirect	
				Code		· V	(4)	(D)	Date Exerc		Expiration ble Date			nount or Number of ares		Transaction(s)		1
					oae	V	(A)	(D)	LACI	- Duoie			511			(Instr. 4)	4)	

Explanation of Responses:

(1) Issuer's Board of Directors awarded an annual grant value of equity to each independent Director of \$125,000 for 2024. Grant is based on fair market value of Issuer's common stock on the day immediately preceding the date of grant of \$75.88.

Reporting Owners

reporting o micro								
Panarting Owner Name / Address	10	Relationships						
Reporting Owner Name / Addres	Director 10% Owner		Officer	Other				
Nagler Lorna								
2700 MILAN COURT	X							
BIRMINGHAM, AL 35211								

Signatures

/s/ Lorna E. Nagler 3/29/2024

**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 control number.