FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, E | D.C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

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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* Pommells Craig | | | | | | 2. Issuer Name and Ticker or Trading Symbol CRACKER BARREL OLD COUNTRY STORE, INC [CBRL] | | | | | | | | | ck all app Direc | licable) | e Othe | | Owner r (specify |
|---|---|--|--------|--------------------------------|--|--|--------|----------------------------|---|--------|----------|--|----------|------------|---|--|---|--|--|
| (Last) (First) (Middle) 305 HARTMANN DR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023 | | | | | | | | | belov | below) SVP | | below) | |
| (Street) LEBANON TN 37087 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benef | ciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Dat | | | 3. Transaction Code (Instr. 8) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | | ction(s) 3 and 4) | | | |
| Common Stock 09/30/ | | | | | 2023 | 2023 | | F | | 187(1) | (1) D | | 67.2 | 2 35,024 | | | D | | |
| Common Stock 09/30/2 | | | | | 2023 | | | F | | 481(1) | I |) \$ | 67.2 | 7.2 34,543 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, (Day/Year) | Transaction of Del Service (AA) Dissortion of (Instr. 8) | | | osed) r. 3, 4 5) | 6. Date Expirati (Month/ | on Da | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (Ir | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V (A) (D) | | | | Date | Title | Share | <u> </u> | | | | | | |

Explanation of Responses:

1. Represents shares deducted to satisfy federal tax withholding obligations on the vesting of a previously disclosed award.

Remarks:

Craig Pommells by Richard M. Wolfson, Attorney-in-Fact ** Signature of Reporting Person

10/03/2023

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.