Instruction 1(b).

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**

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Name and Address of Reporting Person* <u>Cipriano Giovanna</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol FOOT LOCKER, INC. [FL]							5. Relationship of Reporting Per (Check all applicable) Director				10% O	wner		
(Last)	(F OT LOCKI	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024						X	X Officer (give title below) Other below)  SVP & Chief Accounting Officer (give title below)				specify		
330 WEST 34TH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NEW Y	ORK N	Y 1	0001										X	X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								tten plai	n that is inte	nded to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		Transaction Disposed (Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	or F	rice	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 03/27/2			2024		<b>A</b> <sup>(1)</sup>		13,592	A	1	\$ <mark>0</mark>	19,881			D					
Common Stock														48,5	34.4107		D		
Common Stock														3,40	07.1119			401(K) Plan	
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. 8) Sect Acquire (A) of Disp of (D		osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)			Expiration Date	Title	or Num of Shar						

## **Explanation of Responses:**

1. Restricted Stock Unit award under the Foot Locker 2007 Stock Incentive Plan, as amended and restated, which will vest 1/3 annually on each of the first, second, and third anniversaries of the grant date, subject to the reporting person's continued employment through each such anniversary date.

> Anthony D. Foti, Attorney-in-Fact for Giovanna Cipriano

03/29/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.