SEC Form 4

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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, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 [*] Belhumeur Kristi A | | | | | | 2. Issuer Name and Ticker or Trading Symbol OLAPLEX HOLDINGS, INC. [OLPX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--------------------------------------|----|-------------|--|------------------------|--|---|--|---|------|--|---------------|--|---|---|-----------|--|--|---|--|
| | | | | | | | | | | | | | | X | Officer (g | ve title | | Other (s | - | |
| (Last) (First) (Middle) C/O OLAPLEX HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2023 | | | | | | | | | Senior VP of Accounting | | | | | |
| 1178 COAST VILLAGE RD, SUITE 1-520 | | | | | | | | | | | | | | | | | | | | |
| (Street) SANTA CA 93108 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv X | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Та | able I - No | n-De | rivativ | e Se | curitie | s Acq | uired, | Disp | osed of | , or l | Benefi | cially Ow | ned | | | | | |
| Date | | | | | ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | | Beneficiall Following | | 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 | Transaction(s) (Instr. 3 and 4) | | | | (1150. 4) | |
| Common Stock 03/ | | | | | | /16/2023 | | | Α | | 82,071 | (1) | A | \$0.00 | 82,071 | | | 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, | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Secu | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Represents restricted stock units ("RSUs") granted to the Reporting Person under the Issuer's 2021 Equity Incentive Plan. Each RSU represents the conditional right to receive one share of Common Stock. The RSUs will vest in two equal tranches on March 31, 2024 and March 31, 2025, subject to the Reporting Person's continued employment with the Issuer through such vesting date

(D)

Date Exercisable

Expiration Date

Title

Remarks:

By: /s/ Eric Tiziani, Attorney-in-Fact

03/20/2023

** Signature of Reporting Person

Shares

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).

Code v (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.