(Last)

(First)

(Middle)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## 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*  Kanen David							2. Issuer Name <b>and</b> Ticker or Trading Symbol Real Good Food Company, Inc. [ RGF ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last) (First) (Middle) 6429 NW 65TH WAY					3. Date of Earliest Transaction (Month/Day/Year) 10/17/2023									Officer (give title X Other (specify below)  See Explanation of Responses								
(Ctroot)				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
PARKLAND FL 33067					Form filed by One Reporting Person  X Form filed by More than One Reporting Person																	
(City) (State) (Zip)				Rı	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
			Table	I - N	Non-Deriva	tive	Se	curit	ties <i>F</i>	١cc	quire	d, D	isposed (	of, or E	Benefic	ially Own	ed					
Date				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		T	3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)			5. Amount Securities Beneficially Owned Foll Reported	Form: D (D) or		irect (I)	7. Nat Indire Benef Owne (Instr.	icial rship			
										c	ode	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)					
Class A C \$0.0001 <sup>(1)</sup>		Stoc	k, par value		10/17/202	23	3				P		75,000	A	\$2.35	1,239,0	1,239,020				Philotimo Fund, LP <sup>(2)</sup>	
Class A Common Stock, par value \$0.0001 <sup>(1)</sup>				10/17/202	23	3			P		35,000	A	\$2.35	342,680		I G		Focu Grov Inco	Philotimo Focused Growth and Income Fund <sup>(3)</sup>			
Class A Common Stock, par value \$0.0001 <sup>(1)</sup>														0		D						
Class A Common Stock, par value \$0.0001 <sup>(1)</sup>													10,000		I I		Weal Man	Kanen Wealth Management LLC <sup>(4)</sup>				
			Tal	ble I	I - Derivati (e.g., pu								sposed of , converti				d					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Exec cy or Exercise (Month/Day/Year) if an				ransaction of ode (Instr. Se Ad Obi of (Irstr. Se Cartes)		of	/ative ( irities iired r osed ) r. 3, 4		ration		Amor Secu Unde Deriv	le and unt of rities ritying rative rity (Instr.	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	rities Forn ficially Dire ed or Ir wing (I) (I rited saction(s)		ership :: :t (D) direct str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	e V	, (	(A) (I	D)	Date Exer	: rcisabl	Expiration e Date	n Title	Amount or Number of Shares							
1. Name and Address of Reporting Person*  Kanen David																						
Kalleli	Daviu						_															
(Last) (First) (Middle) 6429 NW 65TH WAY																						
(Street) PARKLAND FL 33067																						
(City) (State) (Zip)																						
1. Name and Address of Reporting Person*  Kanen Wealth Management LLC																						

5850 CORAL RIDGE DRIVE SUITE 309								
(Street) CORAL SPRINGS	FL	33076						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  Philotimo Fund, LP								
(Last) (First) (Middle) 5850 CORAL RIDGE DRIVE, SUITE 309								
(Street) CORAL SPRINGS	FL	33076						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  Philotimo Focused Growth & Income Fund								
(Last) (First) (Middle) 5850 CORAL RIDGE DRIVE, SUITE 309								
(Street) CORAL SPRINGS FL 33076								
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 1. This Form 4 is filed jointly by David Kanen, Kanen Wealth Management, LLC ("KWM"), Philotimo Fund, LP, and Philotimo Focused Growth and Income Fund (collectively, the "Reporting Persons"). Each Reporting Person disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such securities for the purposes of Section 16 or any other purpose.
- 2. Securities directly beneficially owned by Philotimo Fund, LP. KWM, as the general partner of Philotimo Fund, LP, and Mr. Kanen, as the managing member of KWM, may be deemed to beneficially own the securities owned by Philotimo Fund, LP.
- 3. Securities directly beneficially owned by Philotimo Focused Growth and Income Fund. KWM, as the investment manager of Philotimo Focused Growth and Income Fund, and Mr. Kanen, as the managing member of KWM, may be deemed to beneficially own the securities owned by Philotimo Focused Growth and Income Fund.
- $4. \ Securities \ directly \ beneficially \ owned \ by \ KWM. \ Mr. \ Kanen, \ as \ the \ managing \ member \ of \ KWM, \ may \ be \ deemed \ to \ beneficially \ own \ the \ securities \ owned \ by \ KWM.$

<u>/s/ David Kanen</u> <u>10/26/2023</u>

\*\* 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.