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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | iuc. See | Fil | | | | | | | ies Exchang mpany Act o | | f 1934 | | | nours | s per r | esponse: | 0.5 |
|--|---|--|---|--|---|---|--|--|------|---|----------------------------|------------------------------|---|---|---------------------------------------|---|--|------------|
| Name and Address of Reporting Person* CASHMAN KRISTINA K | | | | | 2. Issuer Name and Ticker or Trading Symbol Vera Bradley, Inc. [VRA] | | | | | | | | k all app Direc | ship of Reporting Pe applicable) rector | | Person(s) to Issuer 10% Owner | | |
| | (Fir | EY, INC. | ⁄liddle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2021 | | | | | | | Officer (give title below) | | | | specify | | | |
| 12420 S | TONEBRIL | OGE ROAD | OAD 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) ROANO | KE IN | | 6783 | _ | | | | | | | | | X | | filed by Mo | | porting Pers an One Rep | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriv | ative | Secu | rities | s Acq | uired, | Dis | posed of | , or B | enefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date, | 3. Transaction Code (Instr. 8) 8 4. Securities Acquired (ADISPOSE OF (D) (Instr. 3) 5) | | | , 4 and Securi Benefi | | ities Fi icially (E d Following (I) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common Shares 04/02/2 | | | | 2/2021 | | | | A | | 8,301(1) | A | | \$ <mark>0</mark> | 8 | ,301 | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative urities uired or oosed o) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents restricted stock units subject to vesting and forfeiture.

/s/ Alyson Bohren, attorneyin-fact for Kristina Cashman

04/06/2021

** 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 Number.