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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).			Filed	l pursu or S	uant to Section	Section 30(h) of	16(a the	i) of the Investn	Secu nent C	rities Exchang Company Act o	e Act o f 1940	of 1934		Line	ara per II	esponse.	0.5	
Name and Address of Reporting Person*     Hall Robert J						2. Issuer Name and Ticker or Trading Symbol Vera Bradley, Inc. [ VRA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) C/O VERA BRADLEY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023								Officer (give title X Other (specify below)  MEMBER OF A 10% OWNER GROUP					
12420 STONEBRIDGE ROAD  (Street)  ROANOKE IN 46783					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
				Ri	ıle 10	ີ ງh5-1	(c	) Tra	nsa	ction Indi	icatio	 nn	Pers	on					
(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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - N	on-Deriva	tive	Secu	rities	Ac	quire	d, Di	isposed of	, or B	Benefic	cially Own	ed				
Date				2. Transaction Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		´	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		ed (A) or tr. 3, 4 ar	5. Amount of Securities Beneficially Owned Following Reported		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	Transact (Instr. 3 a	ion(s)			(111511.4)	
Common	Stock			03/31/20	)23				A		14,190(1)	A	\$0	132	796	I	)		
Common	Stock													2,276	,867 <sup>(2)</sup>	]	I	By Barbara B. Baekgaard 2009 Grantor Retained Annuity Trust	
Common	Stock													332,	754	]	1	By Joan Byrne Hall Revocable Trust	
Common Stock														34,	065		I	By Joan Byrne Hall 2017 Grantor Retained Annuity Trust #1	
Common Stock														31,3	58(2)	]		By Barbara Bradley Baekgaard Family Foundation	
		Та	ble II								posed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	tle of 2. 3. Transaction Date Execution Date, urity or Exercise (Month/Day/Year) if any		eemed ution Date,	4. Trans	4. Transaction Code (Instr.		nber itive ities red sed 3, 4	6. Da Expir (Mon	te Exe	rcisable and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive cles Form Director Ing (I) (In ed ction(s)		Beneficial Ownership ect (Instr. 4)		
					Code	e V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amoun or Number of Shares						

## **Explanation of Responses:**

- 1. Represents restricted stock units subject to vesting and forfeiture.
- 2. The reporting person disclaims beneficial ownership of these shares.

\*\* Signature of Reporting Person

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.