FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OI | MR | AP | PR | O | /Α |
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| OMB Number: | 3235-0287 |
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| Estimated average burde | n |
| hours per response: | 0.5 |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

| affirmative defense 10b5-1(c). See Ins | | | | | | | |
|---|--------------------------------------|-------|--|---|--|-----------------------|--|
| 1. Name and Address Maier Henry | s of Reporting Person * | | 2. Issuer Name and Ticker or Trading Symbol <u>CarParts.com, Inc.</u> [PRTS] | | tionship of Reporting Perso all applicable) Director | (s) to Issuer | |
| (Last) | (First) (Middle) 0 ARPARTS.COM, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2025 | | Officer (give title below) | Other (specify below) | |
| C/O CARPARTS.COM, INC. 2050 W. 190TH STREET, SUITE 400 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | |
| (Street) TORRANCE | CA | 90504 | | Form filed by More than One Reporting Person | | One Reporting Person | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (| 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (In 8) | tion | 4. Securities Ad Disposed Of (D | | | Securities | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|---|---------------------------------|------|------------------------------------|---------------|-------|------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (111501.4) |

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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (In 8) | | Derivative | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|------------|---|----------------------------------|---|------------|-----|-------------------------------------|--------------------|--|----------------------------------|------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Restricted Stock Units | (1) | 06/13/2025 | | A | | 182,222 | | (1) | (1) | Common Stock | 182,222 | \$0 | 182,222 | D | |

Explanation of Responses:

1. Reflects cash-settled RSUs. Each RSU represents a contingent right to receive an amount in cash equal to the fair market value of one share of the Issuer's common stock on the applicable vesting date. The RSUs shall vest on the date when the Reporting Person finishes a 12-month service period from the grant date.

/s/ Henry J. Maier

06/17/2025

** 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.