FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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 affirmative defense conditions of Rule

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

| Whitehair Chris STRYVE FOODS, INC. [SNAX] (Check all applicable) (Last) (First) (Middle) 7301 OHMS LANE SUITE 600 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing in X | erivative Securities Acquired, Disposed of, or Beneficially Owned |
|--|---|
| Whitehair Chris STRYVE FOODS, INC. [SNAX] (Check all applicable) (Last) (First) (Middle) 7301 OHMS LANE SUITE 600 A. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing of X (Street) Street Form filed by One Report Form filed by More than | |
| Whitehair Chris STRYVE FOODS, INC. [SNAX] (Check all applicable) (Last) (First) (Middle) 7301 OHMS LANE SUITE 600 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing in X | Form filed by More than One Reporting Person |
| Whitehair Chris STRYVE FOODS, INC. [SNAX] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) | X Form filed by One Reporting Person |
| Whitehair Chris STRYVE FOODS, INC. [SNAX] (Check all applicable) X Director | O1/30/2025 |
| | STRYVE FOODS, INC. [SNAX] (Check all applicable) 3 Date of Earliest Transaction (Month/Day/Year) X Director |
| 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person | 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer |

| Code V Amount | | | Transaction(s) | | (Instr. 4) |
|----------------------|---------------|-------|------------------|---|------------|
| | (A) or (D) | Price | (Instr. 3 and 4) | | (|
| Class A Common Stock | | | 9,588 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10. 11. Nature Date Securities Underlying Derivative Conversion Execution Date Transaction Derivative Expiration Date Derivative derivative Ownership of Indirect Derivative Security (Instr. or Exercise Price of (Month/Dav/Year) (Month/Dav/Year) Security (Instr. 5) Security (Instr. if any Code (Instr. Securities Securities Form: Beneficial 3) (Month/Day/Year) 8) Acquired (A) 3 and 4) Beneficially Direct (D) Ownership Derivative or Disposed of (D) (Instr. 3, 4 Owned or Indirect (I) (Instr. 4) (Instr. 4) Security Following and 5) Reported Transaction(s) (Instr. 4) Amount or Date Expiration Number of Code v (A) (D) Exercisable . Date Title Shares Class A Convertible 01/30/2025 266,074 18 875 \$0 7599 Р 18.875 (1)Commo **\$**0 D Preferred Stock Stock

Explanation of Responses:

1. Shares may be converted after six months and do not expire.

<u>/s/ Chris Whitehair by John J.</u> Wolfel, Power of Attorney

** Signature of Reporting Person

02/05/2025

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.