

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person* Nelson Shawn David	2. Date of Event Requiring Statement (Month/Day/Year) 06/26/2018	3. Issuer Name and Ticker or Trading Symbol Lovesac Co [LOVE]
(Last) (First) (Middle) 2 LANDMARK SQUARE, SUITE 300		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
(Street) STAMFORD, CT 06820		5. If Amendment, Date Original Filed(Month/Day/Year)
(City) (State) (Zip)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK, \$0.00001 PAR VALUE	65,625	D	
SERIES A PREFERRED STOCK, \$0.00001 PAR VALUE	0	D	
SERIES A-1 PREFERRED STOCK, \$0.00001 PAR VALUE	0	D	
SERIES A-2 PREFERRED STOCK, \$0.00001 PAR VALUE	0	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 control number.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
RESTRICTED STOCK UNITS	(1)	(1)	COMMON STOCK	196,875	\$ (2)	D	
RESTRICTED STOCK UNITS	(3)	(3)	COMMON STOCK	297,544	\$ (2)	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Nelson Shawn David 2 LANDMARK SQUARE SUITE 300 STAMFORD, CT 06820	X		Chief Executive Officer	

Signatures

Shawn David Nelson	06/26/2018
<small>*Signature of Reporting Person</small>	<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

This 262,500 restricted stock unit award was granted on October 26, 2017, with 131,250 units vesting based on time and 131,250 units based on performance. The time vesting units vest 25% on January 31, 2018, and 25% on each of the next three anniversaries of that initial vesting date. The performance vesting units vest annually upon the achievement of certain benchmarks.

(2) Each restricted stock unit represents the right to receive, at settlement, one (1) share of common stock.

This 297,544 restricted stock unit award was granted on May 10, 2018, with 148,772 units vesting based on time and 148,772 units based on performance. The time vesting units vest 25% on the closing of the offering, and 25% on January 31, 2019, 2020 and 2021. The performance vesting units vest annually upon the achievement of certain benchmarks.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.