FORM 4	4
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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 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 Pe McLallen Walter Field	2. Issuer Name a Lovesac Co [L		or Tr	ading Syn	nbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
(Last) (First) C/O THE LOVESAC COMPA LANDMARK SQUARE, SUI	3. Date of Earliest Transaction (Month/Day/Year) 12/14/2021						Officer (give title below)	Other (specify b	pelow)	
(Street) STAMFORD, CT 06901	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	Date Execution Date, if Code (A) or Disposed of (D) Beneficially Owned Fo	Execution Date, if any	Code (Instr. 8)		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
		(Instr. 3 and 4)	× /	Ownership (Instr. 4)						
Common Stock, \$0.00001 par value	12/14/2021		S		626	D	\$ 70.02	4,891	D	
Common Stock, \$0.00001 par value	12/15/2021		S		800	D	\$ 72.2 (1)	4,091	D	
Common Stock, \$0.00001 par value	12/15/2021		S		200	D	\$ 72.96	3,891	D	

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

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numb	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	. 3 and			2	(Instr. 4)
	Security					Acqui	ired			4)			0	Direct (D)	
						(A) 01							1	or Indirect	
						Dispo							Transaction(s)	< / <	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Encretsdole	Duit		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
McLallen Walter Field C/O THE LOVESAC COMPANY TWO LANDMARK SQUARE, SUITE 300 STAMFORD, CT 06901	Х						

Signatures

**Signature of Reporting Person

12/16/2021

Date

Explanation of Responses:

- * 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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$71.93 to \$72.75. The reporting person (1) undertakes to provide to The Lovesac Company, any security holder of The Lovesac Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1).

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.