FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

gton,	D.C.	20549			

OMB APF	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per respons	e: 0.5							

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  Sansom Steven W.  (Last) (First) (Middle)  1475 WEST 9000 SOUTH SUITE A  (Street)  WEST JORDAN  1. Name and Address of Reporting Person*  (Middle)  1475 WEST 9000 SOUTH SUITE A				2. Issuer Name and Ticker or Trading Symbol SPORTSMAN'S WAREHOUSE HOLDINGS, INC. [SPWH]  3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)								(C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner Officer (give title below)  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)	(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	I - No	n-Deriva	tive S	ecui	rities Acq	uired,	Dis	osed of	, or	Ben	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securiti		Disposed C	es Acquired (A) or Of (D) (Instr. 3, 4 and		nd Secu Bene Owne	Securities   F   Beneficially   (I   Owned Following   (I		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 05/30/				05/30/2	2024	024		Α		28,328(1)		A	\$0	) /	8,439		D	
Common Stock														8	80,000(2)		I	See footnote 2.
Common Stock													1	0,000(3)		I	See footnote 3.	
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)	Title of 2. 3. Transaction Sal. Deemed Execution Date, or Exercise (Month/Day/Year)				ransaction of ode (Instr. Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Amount of		,	8. Price of Derivative Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ires					

## **Explanation of Responses:**

- 1. Grant of restricted stock units that vest in twelve substantially equal installments, subject to the Reporting Person's continued service as a director through each vesting date, with the first installment vesting one month following the date of grant and an additional installment vesting on each monthly anniversary of the date of grant thereafter for the next eleven months. Each restricted stock unit represents the right to receive one share of the Issuer's Common Stock
- 2. Represents shares of the Issuer's common stock held by Sansom Holdings, LLC. The Reporting Person is the managing member of and owns a 100% membership interest in Sansom Holdings, LLC.
- 3. Represents shares of the Issuer's common stock held by the Reporting Person's spouse.

/s/ Jeff White, Attorney-in-05/31/2024 **Fact** 

\*\* 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.