FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
|-------------|------------|--|
|-------------|------------|--|

| 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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* Sato Samuel M (Last) (First) (Middle) 201 EAST FRONT STREET (Street) MOUNT HOREB VI 53572 | | | | | | Issuer Name and Ticker or Trading Symbol DULUTH HOLDINGS INC. [DLTH] 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) President & CEO Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | pplicable |
|--|--|--|--------|---|---------------------------|---|-----------------|--|--|-----|----------|--|--|----------------------------|---|--|---|---|---------------------|
| (City) | (Sta | ate) (Z | Zip) | | | Person | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Executio | | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | | | Benefic | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | rice | Transa | ction(s) 3 and 4) | | | (su. 4) |
| Class B Common Stock 03/13/ | | | | | 2023 | | | | A | | 126,252 | A | A | (1) | 392,041 | | | D | |
| Class B C | Common Sto | ock | | 03/13/ | 2023 | | | | A | | 252,504 | | A | (2) | 64 | 644,545 | | D | |
| | 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 | recise (Month/Day/Year) if any Code (Instr. (Month/Day/Year) (Month/Day/Year) 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Award of restricted stock granted under the 2015 Equity Incentive Plan of Duluth Holdings Inc. The shares of restricted stock vest three years from the date of grant.
- 2. Award of restricted stock granted under the 2015 Equity Incentive Plan of Duluth Holdings Inc. The shares of restricted stock vest in four equal annual installments commencing on March 13, 2024.

Dennis F. Connolly (pursuant

to Power of Attorney 03/15/2023

previously filed)

** 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.