FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | 00540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20549 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| 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).

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* sheridan stanley michael | | | | 2. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [FIZZ] | | | | | | | | | tionship all app Direc | licable) | ng Pe | rson(s) to Is | | | |
|---|--|--|----------------|--|---|-------|--|--------------------------------|----------------------|-------|---------------------------------------|---|------------------------------|----------------------------|---|--|--------------------------------------|--|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2024 | | | | | | | | | Office below | er (give title /) | | Other (s below) | specify | |
| 8100 SW 10TH STREET SUITE 4000 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | | | |
| (Street) PLANTATION FL 33324 | | | | | Person | | | | | | | | | | filed by More than One Reporting n | | | | |
| (City) | (St | ate) (Z | 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 interesting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | n that is inter | nded to | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | ities | Ac | quire | d, Di | sposed of | , or E | Benefici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You | | | | | Execution | | on Date, | | | | Acquired (A) or (D) (Instr. 3, 4 a | | nd 5) Sec Ber Ow | | Amount of curities neficially vned Following | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 07/05/202 | | | | | 24 | | | | S | | 16,000 | D | \$51.81 | .813 ⁽¹⁾ 76,508 | | | 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 | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Numof Of Deriv. Securi Acqui (A) or Disport (D) (Instr. and 5 | ative rities ired sed | Expiration (Month/Da | | (Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Unit price shown is an average price.

/s/ Stanley M. Sheridan

** Signature of Reporting Person Date

07/09/2024

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.