FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours nor rosnonso. | | | | | | | | |

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

| Name and Address of Reporting Person* Mulder Susan R | | | | 2. Issuer Name and Ticker or Trading Symbol Kraft Heinz Co [KHC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|---------|--------------------------------------|--|--|---|---------------|----------|--------|--|----------|---|---|--|---|--|--|-------------|----------|
| Wulder Susair K | | | | | | | | | | - | | | | X | Direc | tor | | 10% O | wner |
| (Last) | ` | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2022 | | | | | | | | Office below | cer (give title ow) | | Other (below) | specify | |
| ONE PPG PLACE, SUITE 3200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | 1 | | | | | | | | | X | Form | filed by On | e Repo | orting Pers | on |
| PITTSBI | URGH PA | 1 | 5222 | | | | | | | | | | | | Form Perso | filed by Mo | re than | one Rep | orting |
| (City) | (S | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securi Benefi | | ties cially I Following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | ce | Transa | Transaction(s) Instr. 3 and 4) | | | (msu. 4) |
| Common Stock 05/05/2 | | | 2022 | | | A | | 2,898(1) |) A \$ | | 43.14 | 4 10,666(2) | | | 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) | f e Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expiration Da | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Ser (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | LO. Ownership Form: Direct (D) Or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Grant of deferred shares, receipt of which is deferred until the six-month anniversary of Ms. Mulder's separation from service as a director.
- 2. Includes an additional 321 shares acquired through a dividend reinvestment program.

Remarks:

/s/ Heidi Miller, by Power of <u>Attorney</u>

05/09/2022

** 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.