FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	burden										

0.5

hours per response:

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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(h) of the Investment Company Act of 1940

					01 000	tion c	00(11) 0	Tuic	iiivesiiii	ciii Cc	mpany Act C	71 1340							-	
Name and Address of Reporting Person*  Lo Londo Dachido						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Kraft Heinz Co [ KHC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>La Lande Rashida</u>						Truit Henz Co [ Kile ]									Direc	ctor		10% Ov	vner	
(Last)	3. Date of Earliest Transaction (Month/Day/Year)									X		Officer (give title below)		Other (s	specify					
C/O TH	08/07/2023									EVP, Global GC & CSCAO										
ONE PPG PLACE, SUITE 3200						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
,														X Form filed by One Reporting Person						
(Street) PITTSBURGH PA 15222														Form filed by More than One Reperson					orting	
(City)	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 - N	on-Derivat	tive S	ecui	rities	Acc	quired	, Dis	posed of	, or I	Benefic	ially	/ Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Execution Date,			·	3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secu		icially d	Forn (D) o	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Ì	Code	v	Amount	(A) o (D)	Price		Transa	ransaction(s)				
Common	)23				S		16,453	D	\$35.0	07 <sup>(1)</sup> 206,243 <sup>(2)</sup>		6,243(2)	243 <sup>(2)</sup> D							
		Tab	ole II	- Derivativ							osed of, convertib			•	Owne	ed				
			1		-	13, V	_	uits				1		Ė						
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			cution Date,	4. Transaction Code (Instr. 8)							7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

## Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$34.960 to \$35.355. The price reported above reflects the weighted average sale price. Ms. La Lande hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer full information regarding the number of shares and the prices at which the transaction was effected.
- 2. Includes an additional 1,702 shares acquired through a dividend reinvestment program.

## Remarks:

/s/ Nicole Fritz by Power of Attorney

08/09/2023

\*\* 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.