FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | STATEMENT OF C Filed pursuant to sor Section |
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| Name and Address of Departing Decem* | 2 Issuer Na |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* <u>KILTS JAMES M</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Simply Good Foods Co [SMPL] | | | | | | | | | | olicable) | g Person(s) to I | ssuer Owner |
|--|-----|--------|------------|---|-----------------|---|--------|---|--------------------------------|--|---|---------|--|--|--|--|--|----------------|
| (Last) 1225 17T | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2020 | | | | | | | | | Officer (give title below) | | Other below | (specify) |
| (Street) DENVER CO 80202 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Forn | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting | | |
| | | Tabl | e I - N | lon-Deriv | /ative | Sec | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You | | | | | Execution Date, | | · | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | d 5) Secu Bend Own | | ount of rities ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 01/14/202 | | | | | 020 | 20 | | | P | | 600 | A | \$23.1 | 133(1) | 7 | 37,817 | D | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expira | te Exerc ation D th/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$23.10 to \$23.15, inclusive. The reporting person undertakes to provide to the issuer, any shareholder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

/s/ Timothy R. Kraft, as Attorney-in-Fact for James M. 01/16/2020 **Kilts**

** 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.