FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPF	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

Conyers Park Sponsor LLC	2. Date of Event Requiring Staten Month/Day/Year 07/07/2017	nent	3. Issuer Name and Ticker or Trading Symbol Simply Good Foods Co [ SMPL ]					
(Last) (First) (Middle) 1 GREENWICH OFFICE PARK, 2ND			4. Relationship of Reporting Perso (Check all applicable)  X Director X	on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
FLOOR			Officer (give title below)	Other (speci below)	App	licable Line)	t/Group Filing (Check	
(Street) GREENWICH CT 06831							y One Reporting Person y More than One erson	
(City) (State) (Zip)								
-	able I - Non	-Derivati	ive Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			9,962,500					
		erivative	9,962,500 e Securities Beneficially (	(Instr. 5) D Owned				
		Derivative Is, warran	e Securities Beneficially ( ints, options, convertible	Owned securities ties by (Instr. 4)		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ David J. West

07/10/2017

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.