FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a

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 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.
Name and Address of Reporting Person*

1. Name and Addres		rson [*]	2. Issuer Name and Ticker or Trading Symbol Local Bounti Corporation/DE [LOCL]		. Relationship of Reporting Person(s) to Issuer Check all applicable)			
(Last)	(First)	(Middle)	- 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023		Director Officer (give title below)	10% Owner Other (specify below)		
C/O LOCAL BOUNTI CORPORATION 400 W. MAIN ST.			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	 Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person Form filed by More than One Reporting Perso 			
(Street)					Form filed by More that	in One Reporting Person		
HAMILTON	MT	59840						
(City)	(State)	(Zip)	_					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								

6. Ownership Form: Direct (D) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of Execution Date Transaction Securities Indirect Beneficially Owned (Month/Dav/Year) if anv Code (Instr. or Indirect (I) Beneficial (Month/Day/Year) 8) Following Reported (Instr. 4) Ownership (Instr. 4) Transaction(s) (A) or (D) (Instr. 3 and 4) Code v Amount Price Bv Common Stock 11/01/2023 Р 10,000 **\$1.78**⁽¹⁾ 46,499 I Wellfor А LLC By Forst Common Stock 55,911 I GST LLC Common Stock 77,406 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$1.73 to \$1.89. The price reported above reflects the weighted average purchase price. The Reporting Person hereby undertakes to provide, upon request, to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

/s/ Kathleen Valiasek, as Attorneyin-Fact for Edward C. Forst <u>11/01/2023</u>

Date

** Signature of Reporting Person

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.