Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| rvasiliigion, | D.C. | 20040 |

| STATEMENT OF CHANGES IN BENEFICIAL OWNER | RSHIP |
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| OMB APF | PROVAL | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per respons | e: 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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* Goodwin Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol Burlington Stores, Inc. [BURL] | | | | | | | | k all app | , | | | | | |
|--|---|---|-----------------|----------|---|--|--|--|---------------------|---|----------------------------|-----------------|---|---|---|----------|---------------------------------------|--|--|
| (Last) | (Fir | st) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024 | | | | | | | | Office below | er (give title | | Other (s | specify | | |
| 2006 ROUTE 130 NORTH | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | . Individual or Joint/Group Filing (Check Applicable ine) | | | | | | |
| (Street) | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | | |
| BURLIN | GTON NJ | 0 | 8016 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Ž | Zip) | | Rul | 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. | | | | | | | | | nded to | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benef | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Form: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (111501. 4) | | |
| Common | Stock ⁽¹⁾ | | | 05/23/2 | 2024 | | | A | | 910 | A | \ | \$0.00 | 3 | 3,559 | | 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) (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of erivative curity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | |
| Evalenation | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Numbe of | | | | | | |

1. Restricted stock units granted on May 23, 2024, vesting 100% on the first anniversary of the grant date.

/s/ Christopher Schaub, as attorney-in-fact for Michael Goodwin

05/28/2024

** 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.