| SEC Form 4 | |
|------------|--|
|------------|--|

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
| hours per response: | 0.5 |

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

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person* <u>PASQUALE DOUGLAS M</u> | | | | r Name and Ticker <mark>Brands Globa</mark> | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-----------------------------------------------------------------------|----------------------|----------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|---------------|--|--|
| PASQUALE | DUUGLA | <u>5 IVI</u> | | | L - | | X | Director | 10% C | Dwner | | |
| (Last) 450 NORTH BI | (First) RAND BOUL | (Middle) EVARD, 7TH FLC | 03/04/2 | of Earliest Transact 2022 | tion (Month/Da | ay/Year) | | Officer (give title below) | Other below | (specify) | | |
| | | | 4. If Am | endment, Date of C |) Driginal Filed (| Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | Line) | | | | | |
| GLENDALE | CA | 91203 | | | | | | Form filed by One | Reporting Perso | on | | |
| - | | | | | | | | Form filed by Mor Person | e than One Repo | orting | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Table I - Nor | n-Derivative S | ecurities Acqu | uired, Disp | oosed of, or Benefic | cially C | Dwned | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |

| | | (Month/Day/Year) | 8) | | | | | Reported | (i) (instr. 4) | Ownership | |
|-----------------------------------------------------------------------------|------------|------------------|-------------------------|---|--------|---------------|---------|------------------------------------|----------------|----------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| COMMON STOCK | 03/04/2022 | | M ⁽¹⁾ | | 1,280 | A | \$70.08 | 1,280 | D | | |
| COMMON STOCK | | | | | | | | 12,749 | I | BY TRUST ⁽²⁾ | |
| Table II - Derivative Securities Acquired Disposed of or Beneficially Owned | | | | | | | | | | | |

quired, l wned spo пγ (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. Transa Code (8) | | of Deriva Securi Acquii (A) or Dispos of (D) | of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | | | s Derivative Security Gecurity (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership 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 | | | | |
| RESTRICTED STOCK UNITS | (1) | 03/04/2022 | | M ⁽¹⁾ | | 1,280 | | (1) | (1) | COMMON STOCK | 1,280 | \$0.00 | 0 | D | |
| RESTRICTED STOCK UNITS | (3) | 03/04/2022 | | A | | 1,499 | | (3) | (3) | COMMON STOCK | 1,499 | \$0.00 ⁽⁴⁾ | 1,499 | D | |

Explanation of Responses:

1. This transaction represents the vesting of restricted stock units and dividend equivalent rights in shares of common stock of the Issuer. The fractional portion was paid out in cash in accordance with the award agreement.

2. Shares held by the Pasquale Living Trust, dated October 17, 2007

3. On March 4, 2022, the reporting person was granted restricted stock units, all of which will be settled in shares of common stock on March 4, 2023, subject to the reporting person's continued service with the Issuer.

4. Granted as compensation for services.

Remarks:

/s/ Christine K. Son as attorney-03/08/2022 in-fact for Douglas M. Pasquale

** 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.