FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

| 1. Name and Address of Reporting Person* Cupero Susan Jean (Last) (First) (Middle) 2100 ROOSEVELT AVENUE | | | | | Issuer Name and Ticker or Trading Symbol SMITH & WESSON BRANDS, INC. [SWBI] 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) See Remarks | | | | | |
|--|--|-------|--------------|----------|--|--------|--|--|--|----------|--|-------------------------------|-----------|--|--------|---|--|--|--------------------------|
| (Street) SPRINGFIELD MA 01104 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Zip) 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | olan that is in | tended to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | ities | Acq | uired, | Dis | posed of | , or E | Benefi | ciall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | Execution Da | | | ate, | 3. Transaction Code (Instr. r) 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | 3, 4 and Se Be Ow Fo | | Amount of curities neficially ned llowing | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | |
| Common | 023 | | | F | | 206(1) | D | D \$12.12 | | 2 49,431 | | | D | | | | | | |
| Common Stock | | | | | | | | | | | | | | | 2,300 | | | | By Son ⁽²⁾ |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | ansaction of Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | nt | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Represents shares of common stock withheld by the Issuer to satisfy certain tax withholding obligations associated with the vesting of restricted stock units.
- 2. The shares are held by the reporting person's son.

Remarks:

The reporting person is Vice President, Sales.

/s/ Deana L. McPherson, as attorney-in-fact

06/20/2023

** 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.