FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|---|--|--------------------|---|-------------|-------------|--|---------------------|-----------------------|---|---|--|---|---|--|--|------------|
| 1. Name and Address of Reporting Person * MCCORMICK MYLES B | | | | 2. Issuer Name and Ticker or Trading Symbol A.K.A. BRANDS HOLDING CORP. [AKA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 100 MONTGOMERY STREET, SUITE 1600 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022 | | | | | | | Office | r (give title belo | ow) | Other (speci | fy belov | w) | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| SAN FR | ANCISCO | , CA 94104 | | | | | | | | | | | d by More than | One reporting | reison | | |
| (City |) | (State) | (Zip) | Т | able I | - Non | -Deri | ivative S | Secu | ırities | Acqu | iired, Dispo | osed of, or I | Beneficially | Owned | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | etion | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | of (D) | Beneficial Reported | nt of Securities ally Owned Following Transaction(s) | | Ownership Form: | | Beneficial | | |
| | | | (Month/Day/Year | | Code | V | Amou | | (A) or (D) | Price | (Instr. 3 and 4) | | | | wnership nstr. 4) | | |
| Common Stock, \$0.001 par value per share 06/01/20 | | 06/01/2022 | | | A | | 26,38 (1) | 5 | A | \$ 0 | 66,385 | | D | | | | |
| | | | | Derivative Securit | | t cquire | conta the fo | ained in orm dis | n th spla of, o | is for ys a or Ben | m ar curre | e not requently valid | | ormation spond unle trol numbe | ss | C 14 | 74 (9-02) |
| 1 Tid 6 | 12 | 2 T | | e.g., puts, calls, w | arran 5. | | | | | | | | 0 D.: f | 0 N | - £ 10 | | 11. Nature |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Year) Execution Da | 4. Transaction Code (Instr. 8) | Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Am Uno Sec | Fitle and count of derlying curities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownor Form Deriv Secur Direct or Ind | of ative ity: t (D) lirect | of Indirect Beneficia Ownershi (Instr. 4) | |
| | | | | Code V | (A) | | Date Exerc | | Exp Date | oiration e | n Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| MCCORMICK MYLES B 100 MONTGOMERY STREET, SUITE 1600 SAN FRANCISCO, CA 94104 | X | | | | | |

Signatures

| /s/ Ciaran Long, as attorney-in-fact | 06/03/2022 |
|--------------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- The reporting person received 26,385 Restricted Stock Units ("RSUs"), which vest on June 1, 2023. Each RSU represents the right to receive one share of common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.