FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | 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

| Name and Address of Reporting Person* Vecchio Jennifer | | | | 2. Issuer Name and Ticker or Trading Symbol Burlington Stores, Inc. [BURL] | | | | | | | (Cr | eck all ap Dired | plicable) | | to Issuer 6 Owner er (specify | | |
|--|---|---------|--|---|--|--------|---|------------------|------------------------------------|--|--|---|---|--|--|--|--|
| (Last) 2006 ROU | (Fii UTE 130 N | , | ⁄liddle) | 3. Date of Earliest T 07/01/2023 | | | | | ansaction (Month/Day/Year) | | | | | w) `` | beloadent and CI | ow) | |
| (Street) BURLINGTON NJ 08016 | | | 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) | (St | ate) (Z | Zip) | Ī | Rule 10b5-1(c) Tran | | | | | | | | | | | | |
| | | | | | 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. | | | | | | | | | | | s intended to | |
| | | Table | | | _ | | | _ | l, Dis | sposed of | | | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | s Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amo Securi Benefi Owned Follow | ties cially I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Report Transa (Instr. | ed ction(s) 3 and 4) | | | |
| Common | Stock | | 07/ | /01/202 | 3 | | | F ⁽¹⁾ | | 2,554 | D | \$159.0 | 2 58 | 3,913 | D | | |
| Common | Stock | | | | | | | | | | | | | 186 | I | By reporting person as UTMA custodian for son | |
| Common Stock | | | | | | | | | | | | | 186 | I | By reporting person as UTMA custodian for daughter | | |
| | | Tab | | | | | | | | oosed of, convertib | | | | ed | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | Date, | Code (Instr. 8) Secu Acqu (A) or Dispr of (D) (Instr | | Number | s I | | ate | 7. Title Amoun Securit Underly Derivat Securit (Instr. 3 | t of ies /ing ive y | 3. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Beneficial Ownership ect (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | Date Exerc | isable | Expiration Date | 1 0 | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy tax withholding obligations in connection with the vesting of restricted stock units.

Remarks:

/s/ Christopher Schaub, as attorney-in-fact for Jennifer **Vecchio**

07/05/2023

** 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.