FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, I	D.C. 20549	
STATEMENT	OF CHANGES IN	I BENEFICIAL	OWNERSHIP

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* MORRIS CHRISTOPHER DANIEL			2. Issuer Name and Ticker or Trading Symbol European Wax Center, Inc. [EWCZ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 5830 GRANITE PARKWAY, 3RD FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 01/08/2025							V	Officer (give title Other (specify below) CEO & Director							
(Street) PLANO	T		75024		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	,						
(City)	(S	tate)	(Zip)															
		Та	ble I - Nor	n-Deriva	tive S	ecuritie	s Ac	quired	, Dis	posed o	f, or	Benef	icially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Code	Transaction Code (Instr. 3, 4		N) or , 4 and 5)	5. Amount of Securities Beneficially Owned Follov Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	Amount (A) or (D)		Price	Transaction (Instr. 3 ar	action(s)							
Class A Common Stock 01/08			01/08/	3/2025		A		600,000 ⁽¹⁾ A		\$0	600,000			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)		3A. Deemed Execution Da if any (Month/Day/Y	ition Date, Tran		5. 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 Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisat		Expiration Date	or Nu		mount umber Shares		(Instr. 4)			
Employee Stock											Clas	ss A						

Explanation of Responses:

\$6.41

\$9

\$12

(right to buy)

Employee Stock Option (right to buy)

Employee Stock Option

(right to

buy)

1. Represents restricted stock units that vest in four equal annual installments beginning on January 8, 2026, subject to the reporting person's continued employment on the applicable vesting date.

800,000

425 000

425,000

2. These options will become 100% vested and exercisable on January 8, 2029, subject to the reporting person's continued employment on the applicable vesting date.

/s/ Gavin M. O'Connor, attorney-in-fact

Stock

Class A

Stock

Class A

Common

Stock

Commo

800,000

425,000

425,000

\$<mark>0</mark>

\$0

\$<mark>0</mark>

01/08/2029⁽²⁾ 01/08/2035

01/08/2035

01/08/2035

01/08/2029(2)

01/08/2029(2)

01/10/2025

800,000

425,000

425,000

D

D

D

** 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).

01/08/2025

01/08/2025

01/08/2025

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.