FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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|---|---------|-------|--|---|--|--|--|
| Name and Address of Reporting Person* Thomassee Cindy | | | 2. Issuer Name and Ticker or Trading Symbol European Wax Center, Inc. [EWCZ] | 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) 08/05/2021 | X Officer (give title Other (specify below) SVP Accounting/Controller | | | |
| (Street) PLANO | • | | 4. If Amendment, Date of 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 | | | |
| (City) | (State) | (Zip) | | Person | | | |

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|--|--|---|------------------------------|---|---|---------------|-------|---|---|---|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (iiisti. 4) | |
| Class A common stock | 08/05/2021 | | A | | 73,653(1) | A | \$0 | 73,653 | D | | |
| Table II. Desirative Consulting Assured Disposed of as Description Council | | | | | | | | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3A. Deemed 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 11. Nature 3. Transaction 5. Number 10. Conversion Derivative Derivative **Execution Date** Transaction Amount of derivative Ownership of Indirect (Month/Day/Year) Code (Instr. 8) Form: Direct (D) Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Derivative (Month/Day/Year) Securities Security (Instr. 5) Securities Beneficial Beneficially Securities Underlying Ownership Acquired (A) or Disposed Derivative Derivative Owned or Indirect (Instr. 4) Security Security (Instr. 3 Following Reported (I) (Instr. 4) and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount Number Date Expiration (D) Title Shares Code (A) Exercisable Date Restricted (2) 08/05/2021 (2) (2) 9.261 \$0 9.261 D 9.261 commor stock unit stock

Explanation of Responses:

- 1. Represents restricted stock units, 64,829 of which vest 50% on October 20, 2022 with the remaining 50% vesting in eight equal installments every three months thereafter and 8,824 of which vest in three equal annual installments beginning on August 5, 2022, in each case subject to the reporting person's continued employment on the applicable vesting date.
- 2. The restricted stock units vest upon the Issuer's Class A common stock achieving a specified price per share.

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

08/09/2021

** 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.