FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, I | D.C. 20549 |  |
|---------------|------------|--|
|---------------|------------|--|

| 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

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| hours per response: 0    |  |  |  |  |  |  |  |  |

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* <u>Visser Chris K.</u>   |  |   |              |      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Zumiez Inc [ ZUMZ ]                                      |   |   |       |  |                                    |                   |   | (Chec                                 | k all app<br>Direc  | hip of Reporting P<br>pplicable)<br>ector<br>icer (give title   |   | on(s) to Is<br>10% Ov<br>Other (s | /ner   |  |
|---|--|---|--------------|------|---|---|---|-------|--|------------------------------------|-------------------|---|---------------------------------------|---|---|---|-----------------------------------|--------|--|
| (Last)<br>4001 204TH  | (Firs  | , | ⁄liddle)     |      |   | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2021 |   |       |  |                                    |                   |   | X                                     | below   | chief Legal C   |   | below)                            | эреспу |  |
| (Street) LYNNWOO (City)   | OD WA  |   | 8036<br>Zip) |      | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |       |  |                                    |                   |   |                                       | 6. Indi<br>Line)<br>X   | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |                                   |        |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |              |      |   |   |   |       |  |                                    |                   |   |                                       |   |   |   |                                   |        |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)   |  |   |              |      | Execution Date,   |   | 3. 4. Securities Acquired (Disposed Of (D) (Instr. 3)                     |       |  | ired (A<br>nstr. 3,                | or<br>4 and       | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |                                       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                   |        |  |
| l   |  |   |              | Code | v   | Amount  | (A) (D)   | or Pr | ice  | Transaction(s)<br>(Instr. 3 and 4) |                   |   |                                       | (30. 4)   |   |   |                                   |        |  |
| Common Stock 03/18/2  |  |   |              |      |   | 2021  |   | F     |  | 410(1)                             | D                 | \$  | 44.85                                 | 21,014 <sup>(2)</sup>   |   | Ι   |                                   |        |  |
| Common Stock 03/19/2  |  |   |              |      |   | 2021  |   |       | F  |                                    | 434(1)            | D   | \$                                    | 46.34   | 34 20,580 <sup>(2)</sup>  |   | Ι                                 | )      |  |
|   | 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  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution Date if any (Month/Day/Year) |  |   | ion Date,    |      | nsaction de (Instr.  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)  Date Expiration |       | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amou or Numboof |                                    | De<br>See<br>(In: | Price of<br>rivative<br>curity<br>str. 5)                                 | vative derivative<br>urity Securities |   | wnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. 4)  | Beneficial<br>Ownership<br>t (Instr. 4)                           |                                   |        |  |

## **Explanation of Responses:**

- 1. Shares withheld by Zumiez Inc. to pay taxes on restricted stock.
- 2. The share total includes 1,059 shares acquired through the Zumiez Inc. Employee Stock Purchase Plan.

## Remarks:

Chris K. Visser

03/22/2021

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.