| SEC Form 4 | |
|------------|--|
|------------|--|

Instruction 1(b).

[]]

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Г

| OMB | APPROVAL |
|-----|----------|
| | |

| OMB Number: | 3235-0287 |
|---------------------|-----------|
| Estimated average b | urden |
| hours per response: | 0.5 |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | Dorivativo S | Securities Acau | irod I | lien | acad of a | r Bond | ficially | Ownod | | | | |
|--|------------------|--------------|---|--|--|---------|--------------|---|---|--|-------|---------------|--|--|
| Common Stock, | , \$0.50 par val | ue | 12/01/2023 | | F | | 12,577 | D | \$33.89 | 181,135 | D | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |
| Date | | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8)4. Securities Acquired (Disposed Of (D) (Instr. 3 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) | | | | |
| | | Table I - No | n-Derivative | Securities Acq | uired | , Dis | posed of, | or Be | neficially | y Owned | | | | |
| | | | | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | | | |
| (City) | (State) | | Person | | | | | | | | | | | |
| COLUMBUS | OH | 43230 | | | | | | | | Form filed by Mo | | | | |
| (Street) | | | 4. li | f Amendment, Date o | f Origina | al File | d (Month/Day | /Year) | 6. Indi Line) X | vidual or Joint/Grou Form filed by On | | | | |
| THREE LIMIT | ED PARKWA | Y | | | | | | | Chief Executive Officer | | | | | |
| (Last) | (First) | (Middle) | | Date of Earliest Trans | action (I | Month | /Day/Year) | | X | Officer (give title below) | below | (specify) | | |
| Boswell Gina | | | | Bath & Body Works, Inc. [BBWI] | | | | | | Director | 10% 0 | Owner | | |
| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | Section 30(n) of the in | | | 1.5 | | | | | | | |

(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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | ired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Titl Amou Secur Unde Deriv Secur 3 and | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Robert J. Tannous, Attorney-12/04/2023

in-Fact

** 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.