

# Reported by THISSEN KAREN WILSON

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 07/02/24 for the Period Ending 06/28/24

Address NUMBER ONE GENERAL MILLS BLVD

MINNEAPOLIS, MN, 55426

Telephone (763) 764-7600

CIK 0000040704

Symbol GIS

SIC Code 2040 - Grain Mill Products

Industry Food Processing

Sector Consumer Non-Cyclicals

Fiscal Year 05/30

## FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. 1	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
1112221 ( 121121 ( ) / 122 0 ( )					GENERAL MILLS INC [ GIS ]									Director	,	10%	o Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									X Officer (give title below) Other (specify below)				
NUMBER ONE GENERAL MILLS BOULEVARD					6/28/2024									General Cou	nsel & Se	cretary		ŕ
(Street)				4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)								) (	6. Individual or Joint/Group Filing (Check Applicable Line)				
MINNEAPOLIS, MN 55426													X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)														Form thed by Wore than One Reporting Person				
			Table I - 1	Non-Der	ivat	tive Secu	rities	s Acq	<sub>l</sub> uire	ed, Di	sposed o	f, or Be	enet	ficially Owne	d			
1.Title of Security (Instr. 3)				rans. Date	Exe		(Instr. 8)		or Di		ccurities Acquired (A isposed of (D) r. 3, 4 and 5)		Fol	Amount of Securit flowing Reported str. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial Ownership
							Co	de	V	Amou	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 6/28/202							A	١		6,71	9 A	\$0				20,063	D	
Common Stock			6/	28/2024			F	7		36	6 <b>D</b>	\$63.26				19,697	D	
	Tal	ole II - Der	ivative Se	curities l	Ben	eficially	Own	ed (a	e.g.,	puts,	calls, wa	rrants,	, op	otions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative		e Securities (A) or of (D)			ate Exer Expiration	7. Title and Securities U Derivative (Instr. 3 and		Underlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned Following		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)		(D)	Date Exer	cisable	Expiration Date	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Non-Qualified Stock Option (right to buy)	\$63.26	6/28/2024		A		33,59	2 (1)		6/28	/2025	7/28/2034	Comm Stock		33,592	\$0	33,592	D	

#### **Explanation of Responses:**

(1) Option vests in four equal annual installments beginning on June 28, 2025.

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
THISSEN KAREN WILSON							
NUMBER ONE GENERAL MILLS BOULEVARD			General Counsel & Secretary				
MINNEAPOLIS, MN 55426							

#### Signatures

By: Christopher A. Rauschl For: Karen Wilson Thissen 7/2/2024

\*\*Signature of Reporting Person

Date

- \* 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 control number.