

**1 800 FLOWERS COM INC**  
Reported by  
**HARTNETT THOMAS G**

**FORM 4**  
(Statement of Changes in Beneficial Ownership)

Filed 11/06/24 for the Period Ending 11/05/24

Address	TWO JERICHO PLAZA SUITE 200 JERICHO, NY, 11753
Telephone	5162376000
CIK	0001084869
Symbol	FLWS
SIC Code	5990 - Retail-Retail Stores, Not Elsewhere Classified
Industry	Other Specialty Retailers
Sector	Consumer Cyclicals
Fiscal Year	06/28

# 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 APPROVAL  
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## 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 <sup>*</sup>			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<b>HARTNETT THOMAS G</b>  <b>TWO JERICHO PLAZA, SUITE 200</b>  <b>JERICHO, NY 11753</b>			<b>1 800 FLOWERS COM INC [ FLWS ]</b>  <b>11/5/2024</b>					<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>President</b>				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)				
			<b>11/5/2024</b>					<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person				
(Street)			4. If Amendment, Date Original Filed (MM/DD/YYYY)									
(City)	(State)	(Zip)										

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			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		
Class A Common Stock	11/5/2024			A		46,805	A	\$0	374,651	D

**Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: 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:

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>HARTNETT THOMAS G</b> <b>TWO JERICHO PLAZA</b> <b>SUITE 200</b> <b>JERICHO, NY 11753</b>			<b>President</b>	

#### Signatures

**/s/ Thomas G. Hartnett**      **11/6/2024**

**\*\*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 control

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