

WK KELLOGG CO

Reported by
BRICE SHERRY

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/18/25 for the Period Ending 03/14/25

Address	ONE KELLOGG SQUARE BATTLE CREEK, MI, 49017
Telephone	269-961-2000
CIK	0001959348
SIC Code	2040 - Grain Mill Products
Industry	Food Processing
Sector	Consumer Non-Cyclicals
Fiscal Year	01/03

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.

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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 * Brice Sherry (Last) (First) (Middle) ONE KELLOGG SQUARE (Street) BATTLE CREEK, MI 49017 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol WK Kellogg Co [KLG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner X Officer (give title below) _____ Other (specify below) Chief Supply Chain Officer
3. Date of Earliest Transaction (MM/DD/YYYY) 3/14/2025		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person ____ Form filed by More than One Reporting Person
4. If Amendment, Date Original Filed (MM/DD/YYYY)		

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

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)		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
Dividend Equivalent Units	(U)	3/14/2025		A		908.62		(U)	(U)	Common Stock	908.62	\$0	5,655.62	D	

Explanation of Responses:

(1) Represents dividend equivalent units (DEUs) accrued on restricted stock units (RSUs) previously granted to the Reporting Person under the WK Kellogg Co 2023 Long-Term Incentive Plan. The DEUs will vest on the same terms and conditions as the corresponding RSUs to which they relate. Each DEU represents the contingent right to receive one share of the Issuer's common stock.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Brice Sherry ONE KELLOGG SQUARE BATTLE CREEK, MI 49017			Chief Supply Chain Officer	

Signatures

/s/ Gordon Paulson, Attorney-in-Fact

3/18/2025

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 number.