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 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* Rozeboom Shirley A. | | | | | 2. Issuer Name and Ticker or Trading Symbol HAWKINS INC [HWKN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|-----|--|---|--|---|---|---|--------------------|---|-----------------------|--------------------|---|---|---|---|--|---|--|---|--|
| (Last) (First) (Middle) 2381 ROSEGATE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024 | | | | | | | | | Officer (give ti below) VP HEALTH | | ND N | Other (s below) | | |
| (Street) ROSEVILLE MN 55113 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) | , | | | | | |
| (City) | (St | | Zip) | | 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. | | | | | | | | | | | nded to | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | ion 2A. Deeme Execution //Year) if any | | | emed tion Date, | | 3. 4. Securities | | f, or Benef es Acquired (A) Of (D) (Instr. 3, 4 | |) or 5. Am 4 and Secur Bene Owne | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | File | Ti (li | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 04/01/2 | | | | | | F | | 2,920 | D | \$74. | | | | | D | | | | | |
| | | Tal | ole II · | | | | | | | • | osed of, convertib | | | • | wned | i | | | | |
| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ite | 7. Title Amour Securit Underl Derivat Securit 3 and 4 | nt of ties ying tive ty (Instr. | Deriva Secu | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [0] | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) (D) | | (D) | Date Exercis | sable | Expiration Date Title | | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

1. Includes 50.3715 shares acquired June 2023-March 2024 pursuant to the Issuer's dividend reinvestment plan and 359 shares acquired June-December 2023 pursuant to the Issuer's employee stock purchase plan.

> /s/ Joshua L. Colburn, Attorney-in-Fact

04/03/2024

** 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 Number.