# FORM 4

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### 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

(Print or Ty	pe Response	s)													
Name and Address of Reporting Person * Gomez Alfredo				2. Issuer Name and Ticker or Trading Symbol CarParts.com, Inc. [PRTS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
2050 W. 190TH STREET, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 09/13/2021						X Officer (give title below) Other (specify below)  VP, General Counsel					
(Street) TORRANCE, CA 90504				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	)	(State)	(Zip)		Tab	ole I - N	on-De	rivative S	Securitie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial		
			(Month/Day/Year)		Code	V	Amoun	(A) or t (D)	Price			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Stock		09/13/2021			S <sup>(1)</sup>		3,584	D	\$ 17.69	447,941	(2)		D	
Common	Stock										8,744			I	By Son's IRA
Common Stock										66,611			I	By IRA	
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially			Person the	sons wh tained i form dis	no respo n this fo splays a	orm are	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
		ı		e.g., puts, calls,	war	rants, o	ption	s, conver	tible secu	urities)		•	1		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da Year) any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)
				Code	V (	(A) (D		-	Expiration Date	on Titl	Amount or Number of Shares				

### **Reporting Owners**

1		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
	Gomez Alfredo 2050 W. 190TH STREET, SUITE 400 TORRANCE, CA 90504			VP, General Counsel			

# Signatures

/s/ Alfredo Gomez	09/14/2021			
**Signature of Reporting Person	Date			

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

- \* 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).
- Represents shares of common stock sold by the Reporting Person to satisfy certain tax withholding obligations associated with the quarterly vesting of 9,042 restricted stock (1) units. These restricted stock units were previously reported as shares acquired in the Form 4 filed on March 11, 2021 because the performance criteria was satisfied at that
- (2) Certain of these shares are subject to a restricted stock award, pursuant to which such shares will vest in quarterly installments through March 9, 2023 in accordance with the applicable vesting schedule, provided that the Reporting Person remains an employee of the Company through each vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.