# 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*  Peker Lev                    |   |  |                                | 2. Issuer Name and Ticker or Trading Symbol CarParts.com, Inc. [PRTS] |        |  |       |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner  |  |                                      |  |   |                                    |
| 2050 W. 190TH STREET, SUITE 400                                     |   |  |                                | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2021           |        |  |       |   |   | X Officer (give title below) Other (specify below)  Chief Executive Officer   |  |                                      |  |   |                                    |
| (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)                          |   | Ta     | ble I - N  | on-De | rivative  | Securities  | Acqu  | ired, Disp   | osed of, or l                        | Beneficially   | Owned   |                                    |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year |   | 2A. Deemed<br>Execution Date, is<br>any<br>(Month/Day/Year |                                | Code<br>(Instr. 8)  |        | tion 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) |       | of (D)  | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |   | ollowing   | Ownership Form:                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |   |                                    |
|   |   |  | (ivioliti) Buyi i cui          |   | Code   | V  | Amour | (A) or (D)                                      | Price   | (Insu: 3 u  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                      |                                      | or Indirect (I) (Instr. 4)   | (Instr. 4)  |                                    |
| Common  | Stock   |  | 11/30/2021                     |   |        | A  |       | 4,866   | A   | \$ 0  | 1,051,1  | 87                                   |  | D   |                                    |
| Common  | Stock   |  |                                |   |        |  |       |   |   |   | 38,869   |                                      |  | I   | By IRA                             |
| Common Stock  |   |  |                                |   |        |  |       |   |   | 56,000  |  | I                                    | By<br>Spouse's<br>IRA  |   |                                    |
| Reminder:   | Report on a s   | separate line fo   | r each class of secur          | ities beneficial  | lly ov | vned dire  | Per   | sons whatained i                                | no respor   | m ar  | e not requ   |                                      | formation<br>spond unle<br>trol numbe  | ss  | 1474 (9-02)                        |
|   |   |  |                                | Derivative Sec<br>e.g., puts, call                                    |        |  |       |   |   |   | lly Owned  |                                      |  |   |                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | n 3A. Deemed<br>Execution Data | Year) 4. Transaction Code (Instr. 8) De Sei Ac (A Disortion of (In    |        | 5. 6. Da and 1   |       | Date Exercisable Expiration Date onth/Day/Year) |   | 7. T<br>Am<br>Und<br>Sec  | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4) | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Owners Form of Derivati Security Direct ( or Indire | Beneficia<br>Ownersh<br>(Instr. 4) |
|   |   |  |                                | Code  | V      | (A) (D   |       | ercisable                                       | Expiration<br>Date  | 1 Titl  | Amount or Number of Shares   |                                      |  |   |                                    |

## **Reporting Owners**

|  | Relationships |              |                         |       |  |  |
|--|---------------|--------------|-------------------------|-------|--|--|
| Reporting Owner Name / Address                                     | Director      | 10%<br>Owner | Officer                 | Other |  |  |
| Peker Lev<br>2050 W. 190TH STREET, SUITE 400<br>TORRANCE, CA 90504 | X             |              | Chief Executive Officer |       |  |  |

### **Signatures**

| /s/ Lev Peker                   | 12/02/2021 |
|---------------------------------|------------|
| **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).

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.