FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per respons	se: 0.5								

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 for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	e Instruction 10	D																			
Name and Address of Reporting Person* Toppon Moore III.					2. Issuer Name and Ticker or Trading Symbol Mama's Creations, Inc. [MAMA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Tappan Moore III</u>											-				Dire			10% O			
(T. 1) (ATTIN)																Officer (give title below)		Other (s below)	specily		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Ch	ief						
25 BRANCA ROAD					09/12/2024										Op	erating					
															Of	ficer					
(Street)					4 15 4																
EAST RUTHE	DEODD NJ	0	7073		4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
KU IIIE.	KITOKD														X Form filed by One Reporting Person						
(City)	(St	ate) (Z	(ip)												Form filed by More than One Reporting Person						
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			- NOI	n-Deriva					·	DISP					-						
1. Title of	Security (Ins	tr. 3)		2. Transact Date	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)				5. Am Secur	ount of ities	6. Ownership Form: Direct		7. Nature of Indirect					
				(Month/Day							•	,					Beneficial Ownership (Instr. 4)				
						(9,									Follov	nstr. 4)		
									Code	v	Amount	(A (D	() or ()			Price	Trans				
Common Stock 09/12/2					2024				Α		6,180(1)	A	(2)		5,180		D			
		Tah	le II -	Derivativ	ve Sec	urit	ies A	Can	ired D	isno	sed of	or B	enef	icial	v Own	-d			<u></u>		
		140		(e.g., pu												Ju					
1. Title of	2.	3. Transaction			4.	41	5.		6. Date Exercisable and			7. Title and			3. Price of			10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Transac Code (li 8)				Expiration (Month/D		Amount of Securities		- [:	Derivative Security	Securities	- [1	Ownership Form:	Beneficial			
(Instr. 3)	Price of Derivative		(Month	(Month/Day/Year)				Underlying Derivative					' '	Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security						Acquired (A) or		Security (Instr. 3 and				d 4)		Following Reported	- [(I) (Instr. 4)	` ′			
						Disposed		(msu. 5 and				_ ',		Transactio	n(s)						
					of (D) (Instr										(11150.4)						
							and 5)					<u> </u>		_							
													Amo or	ount							
									Date		Expiration		Num	nber							
			1				(A)	(D)	Exercisa		Date	Title		res		1	- 1		1		

Explanation of Responses:

- 1. Restricted stock units ("RSUs") scheduled to vest in three substantially equal annual installments on each of September 12, 2025, September 12, 2026 and September 12, 2027.
- 2. Each RSU represents a contingent right to receive one share of MAMA common stock.

/s/ Charles Lange, attorney in 09/16/2024 fact for Moore Tappan, III

** 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.