FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

	e conditions of I ee Instruction 10																				
Name and Address of Reporting Person* <u>Michaels Adam Laurance</u>					2. Issuer Name and Ticker or Trading Symbol Mama's Creations, Inc. [MAMA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
					The state of the s								2	X Direc	tor		10% Ov	vner			
(Last)	(Last) (First) (Middle)] :	X Office below	er (give title v)		Other (s	specify		
C/O MAMA'S CREATIONS, INC.					3. Date of Earliest Transaction (Month/Day/Year)								Chief								
25 BRANCA ROAD					04/15/2025								Executive								
													Officer								
(Street)					4 15 0									10.1							
EAST RUTHERFORD NJ 07073					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
														:	X Form filed by One Reporting Person						
(City)	(St	ate) (Z	(ip)												Form Perso	i filed by Mo on	re tha	n One Rep	orting		
	`			n Darive	iive Ce		itioo	Λ		Dia			Done	ficio	III. Our						
			1 - NO	n-Derivat					<u> </u>	וסוס											
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)			ies Acquired (A Of (D) (Instr. 3,		(A) or 3, 4 an	5. Amo Securi Benefi Owned Follow	ties cially I	Form (D) o	: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (D	A) or	Price	Transa	eported ansaction(s) estr. 3 and 4)						
Common Stock 04/15/20					2025			A		94,200(1	1)	A			663,880		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transaction 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 (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		(3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber							

Explanation of Responses:

- 1. Restricted Stock Units ("RSUs") scheduled to vest in three substantially equal annual installments on each of April 15, 2026, April 15, 2027, and April 15, 2028.
- 2. Each RSU represents a contingent right to receive one share of MAMA common stock.

/s/ Christina Lidondici,

attorney in fact for Adam

Michaels

** Signature of Reporting Person Date

04/17/2025

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.