FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

10% Owner

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director

| contract, in purchase of issuer that affirmative | struction or written plan for or sale of equity securities o is intended to satisfy the defense conditions of Rule See Instruction 10. | f the | |
|---|--|----------|--|
| | Address of Reporting Pe <u>Anthony A</u> | rson * | 2. Issuer Name and Ticker or Trading Symbol Leslie's, Inc. [LESL] |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Yea 05/13/2025 |

| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2025 | x | Officer (give title below) | Other (specify below) | | | |
|------------------------------|---------|----------|--|---------------|----------------------------|--|--|--|--|
| 2005 EAST INDIAN SCHOOL ROAD | | | | | See Remarks | | | | |
| (Street) PHOENIX | AZ | 85016 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv X | Form filed by One Rep |) (Check Applicable Line) orting Person n One Reporting Person | | | |
| (City) | (State) | (Zip) | — | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
|---|--|---|-----------------------------|---|--|---------------|---------------|------------------------------------|---|-------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock, par value \$0.001 per share | 05/13/2025 | | Р | | 63,995 | A | \$0.78 | 65,995 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|---|------------|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|---|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | |

Explanation of Responses:

Remarks:

Interim Chief Financial Officer and Treasurer

<u>/s/ Benjamin Lindquist, as</u> <u>Attorney-in-Fact for Anthony</u> <u>Iskander</u> ** Signature of Reporting Person

05/15/2025

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.