FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 205	49
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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)

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. Name and Address of Reporting Person*  FALTISCHEK DENISE M  (Last) (First) (Middle)  C/O TILRAY BRANDS, INC.  265 TALBOT STREET WEST							Issuer Name and Ticker or Trading Symbol Tilray Brands, Inc. [ TLRY ]      Inc. [ TLRY ]  3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022										Relationship of Reporting Person(s) to Issuer Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Chief Strategy Officer				
(Street) LEAMIN (City)	NGTON A		N8H 4H3 (Zip)		_   4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					saction	Execution Date, if any (Month/Day/Year)			3. 4. Sec Transaction Dispo Code (Instr. 5)			ies Ac	quired		5. Amou Securitie Beneficie Owned F	nt of es ally Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class 2 Common Stock 06/01/					1/202				Code	v	Amount 16,21	(D)		Price	Reported Transact (Instr. 3 a	ion(s)	D				
Class 2 Common Stock 06/01/					<u> </u>				F		5,847	-	D	\$4.18	<del>  '</del>	307(2)		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 Dat if any (Month/Day/Yo	Date,	Code (In				Ēχ	Date Ex cpiration lonth/Da	Date	ble and of Securities Underlying Derivative Securities (Instr. 3 and 4)		s security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indirect (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)		ate cercisab		expiration Date	Title	1	Amount or Number of Shares						
Restricted Stock Units	(4)	06/01/2022			M			16,218		(5)		(5)	Class Comm Stoc	non [	16,218	\$0	0		D		

## **Explanation of Responses:**

- 1. RSUs convert into shares of Tilray Class 2 Common Stock on a one-for-one basis.
- 2. Amount includes shares of Common Stock beneficially owned by the reporting person, but excludes other unvested RSUs.
- 3. Represents the number of shares withheld by the issuer to satisfy applicable tax withholding obligations in connection with the vesting of RSUs previously reported.
- 4. Each restricted stock unit represents a contingent right to receive one (1) share of Tilray Brands, Inc. Class 2 Common Stock.
- 5. On July 26, 2021, the reporting person was granted 48,661 RSUs, 33.33% of which vested on June 1, 2022, with 33.33% scheduled to vest on June 1, 2023 and 33.34% scheduled to vest on June 1, 2024, subject to continued employment, except in the case of the reporting person's earlier involuntary termination, death or disability. In the event of a voluntary termination by the reporting person prior to the vesting date, all RSUs will be forfeited.

/s/ Carl A. Merton, as Attorney-in-Fact for Denise M 06/03/2022 **Faltischek** 

\*\* 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.