Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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BENEFICIAL OWNERSHIP

| STATEMENT | OF CHANGES | IN |
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| OMB APP | ROVAL | | | | | | | | |
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| hours per response: | | | | | | | | | |

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* Fulmer Hugh Andrew | | | | 2. Issuer Name and Ticker or Trading Symbol American Outdoor Brands, Inc. [AOUT] | | | | | | | | | k all app Direc | licable) tor | ng Pe | rson(s) to Is | vner | | |
|---|---|--|---------------------------------|--|---|--|---|----------------------------------|--|------|---|------------------------------|--------------------------------------|---|--|--------------------------------------|--|---------------------------------------|------------|
| (Last) 1800 NC | (Fi | , , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024 | | | | | | | X | belov | er (give title v) EVP, CFO | & Ti | Other (s below) reasurer | specify | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | pplicable | | | |
| (Street) | DI 4 3 4 | 0 | 5000 | | | | | | | | | | | X | Form | filed by On | e Rep | orting Perso | on |
| COLUM | BIA M | O 6 | 5202 | | | | | | | | | | | | Form Perso | | re tha | n One Repo | orting |
| (City) | (St | ate) (2 | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefi | cially | / Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Da | | Date, | Transaction I Code (Instr. 5 | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | 3, 4 and Secu Bene Own | | rities F ficially (ed Following (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | ce | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | 05/03/ | 03/2024 | | | | F | | 379(1) | Г | \$8 | 3.25 | 118,048 | | | D | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | Pate, Transaction of Code (Instr. Derivative | | rative rities pired r osed) | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |

Explanation of Responses:

1. Represents shares of common stock withheld by the Issuer to satisfy certain tax withholding obligations associated with the vesting of restricted stock units.

/s/ Douglas V. Brown, as 05/07/2024 Attorney-in-Fact

** 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.