| SEC Form 4 |
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Instruction 1(b).

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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

OMB APPROVAL

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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
|--|--------------------------|-----------|--|--|
| | Estimated average burden | | | |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0.5 | | |
| or Section 30(h) of the Investment Company Act of 1940 | | | | |

| | | | | or S | Section 30(h) of the | Investm | ient C | ompany Act c | of 1940 | | | | |
|--|-------------------------|--|------------|---|---|----------|------------------------------|-------------------|----------|---|--|---|----------|
| 1. Name and Address of Reporting Person [*] Sandri Fabio | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PILGRIMS PRIDE CORP</u> [PPC] | | | | | | | tionship of Reporting Person(s) (all applicable) Director 10% | | o Issuer |
| (Last) 1770 PROMON | (First) NTORY CIRCLE | (Middle |) | | ate of Earliest Tran 14/2024 | saction | (Mon | th/Day/Year) | x | Officer (give title below) President | Other below t and CEO | (specify) | |
| (Street) GREELEY CO 80634 | | | | 4. lf | Amendment, Date | of Origi | nal Fil | ed (Month/Da | ıy/Year) | 6. Indiv Line) X | ridual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son |
| (City) | (State) | (Zip) | | 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. | | | | | | | | | |
| | Та | ble I - N | on-Derivat | ive | Securities Ac | quire | d, Di | sposed of | , or B | eneficially | Owned | | |
| Date | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | , par value \$0.01 | per | 03/14/202 | 24 | | s | | 40.000 | D | \$33.3234 | 257.065 | 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. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|-------|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

share

/s/ Fabio Sandri

** Signature of Reporting Person Date

03/19/2024

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.