ĺ

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).	STATEMENT OF
	* 2 /201

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

iled 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 [*] Pappas John				2. Issuer Name and Ticker or Trading Symbol <u>Chefs' Warehouse, Inc.</u> [CHEF]							tionship of Report all applicable) Director	0 ()	to Issuer 6 Owner
(Last) 100 EAST RIDO	(First) GE ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023						x	Officer (give title below) Vice Chair	e Oth bel man and CC	,
(Street) RIDGEFIELD (City)	CT (State)	06877 (Zip)		4. If Amendment, Date 02/27/2023	e of Orig	jinal F	iled (Month/D	ay/Year)	Lin		idual or Joint/Gro Form filed by O Form filed by M Person	ne Reporting F	Person
	٦	Fable I - N	on-Derivat	ive Securities A	cquire	ed, D	isposed o	f, or B	eneficia	ally	Owned		
Date		2. Transaction Date (Month/Day/Ye	Execution Date,					and 5) Securities Beneficially Owned Following Reported Transaction(c)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		

				(U)		(Instr. 3 and 4)				
Common Stock	02/23/2023	F ⁽¹⁾	4,812	D	\$34.12	794,123	D			
Common Stock	02/24/2023	F ⁽¹⁾	1,869	D	\$33.58(2)	792,254	D			
Common Stock	02/25/2023	F ⁽¹⁾	2,630	D	\$33.58	789,624	D			
Common Stock						400,000	I	See footnote ⁽³⁾		
Table II. Derivative Cooverities Assumed Dispessed of an Depeticicily Owned										

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(c.g., puis, curs, warrans, 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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Da	a Date Amount of ay/Year) Securities Underlying Derivative		Amount of Securities Underlying Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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:

1. Shares withheld upon the vesting of restricted common stock awarded to the reporting person pursuant to The Chefs' Warehouse, Inc. Amended and Restated 2019 Omnibus Equity Incentive Plan.

2. On February 27, 2023, the reporting person filed a Form 4 that inadvertently reported the incorrect price at which shares of common stock were withheld upon the vesting of restricted common stock on February 24, 2023. This amendment provides the correct price at with shares were withheld.

3. Shares are held by a single member LLC the sole member of which is a grantor retained annuity trust established by the reporting person and of which the reporting person is the sole trustee and sole annuity beneficiary.

s/ Alexandros Aldous, Attorney-in-Fact for John

03/01/2023

Pappas
** 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.