FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Lecouras Patricia						Chefs' Warehouse, Inc. [CHEF]									ationship of Reportin call applicable) Director Officer (give title		10% O		wner	
(Last) (First) (Middle) 100 EAST RIDGE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2021									X	X Officer (give title Other (specify below) Chief Human Resources Officer					
(Street) RIDGEFIELD CT 06877 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 03/01/2021									Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				ties cially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 02/					23/2021				A ⁽¹⁾		30,361	A		(1)	12	125,711		D		
Common Stock 02/25/					2021				F ⁽²⁾		763	D	D \$30.62		124,948(3)			D		
Common Stock 02/25/2					2021	021					795 D		\$	30.62	2 124,153 ⁽³⁾			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)	if any	emed tion Date, n/Day/Year)		Transaction Code (Instr.		rative rities ired rosed)	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	Code V		(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er							

Explanation of Responses:

- 1. The reporting person was granted shares of restricted common stock pursuant to The Chefs' Warehouse 2019 Omnibus Equity Incentive Plan (the "Plan"). The forfeiture restrictions associated with 17,824 of these shares will lapse in one-third increments as of the first through third anniversary dates of the grant date, February 23, 2021. The forfeiture restrictions associated with 12,537 of these shares will lapse upon achievement of performance conditions based on the per-share price of Issuer's common stock.
- 2. Shares withheld upon vesting of restricted common stock awarded to reporting person pursuant to the Plan.
- 3. On March 1, 2021, the reporting person filed a Form 4 to report these withholding transactions. This amendment is being filed to report the grant of restricted common stock to the reporting person on February 23, 2021 that was previously inadvertently omitted and to correct the amount of securities beneficially owned following the previously reported withholding transactions.

/s/ Alexandros Aldous

03/03/2021 Attorney-in-Fact for Patricia

Lecouras

** 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.