FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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 Eychange Act of 1934

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

| Common Sto | ock | | 02/10/ | 2021 | | F | | 633(1) | D | \$9.3 | 47,373 | ן ט | | | |
|---|---------------|---|---|-----------|---|---|---------|------------------------------------|---------------------------------|---|---|---|---|--|--|
| | | Common Stock 02/10/ | | | | | | (1) | | 40.0 | 47.070 | D | | | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (IIISU. 4) | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 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) | | |
| | | Table I - No | n-Deriva | tive S | ecurities Acqu | uired, | Disp | osed of, | or Ben | eficially | / Owned | | | | |
| City) | (State) | (Zip) | | | | | | | | | | | | | |
| 100510N | 17 | //010 | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| Street) | TX | 77010 | | | | | | | Line) | <u>'</u> | | | | | |
| 1301 MCKINNEY ST., SUITE 2300 | | | | | mendment, Date of | Origina | l Filed | (Month/Day/ | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| ULBRIGH | | 02/10 | 1/2021 | | | | | ovi ou | ppry Cham | | | | | | |
| Last) | (First) | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021 | | | | | | | below) | below) oly Chain | | | | | |
| <u>McCarthy</u> | <u>John P</u> | WING GLOBAL INC. [WINC] | | | | | | | Director Officer (give title | 10% C | Owner (specify | | | | |
| Name and Address of Reporting Person* | | | | | er Name and Ticke | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Name and A | | 2. Issu | ction 30(h) of the Inv Ier Name and Ticke C GLOBAL I | er or Tra | ding S | Symbol | | k all applicable) | | ., | | | | | |

| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | 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:

 $1. \ The reporting person surrendered these shares to satisfy tax withholding obligations resulting from the vesting of certain Restricted Stock Units of the issuer's Common Stock.\\$

Remarks:

/s/ Ann D. Garnett, by power of attorney

02/12/2021

** 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.