FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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 Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Sheehey Brendan					2. Issuer Name and Ticker or Trading Symbol Honest Company, Inc. [HNST]						(Chec	k all app Direc	tionship of Reporting all applicable) Director Officer (give title		son(s) to Is 10% Ov Other (s	wner			
(Last) (First) (Middle) 12130 MILLENNIUM DRIVE, SUITE 500					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2023						X	belov				poony			
(Street) LOS ANGEL	ES CA	A 9	0094		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Mon					d (Month/Da	y/Year)	6. Indi Line)	-/				on
(City)	(Sta	ate) (Z	Zip)			. 5.55													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or E	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)			ired (A nstr. 3,) or 4 and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
										v	Amount	(A) or (D) Pr		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			03/06/2	023		S		11,297(1)	D	\$	2.92(2)	253,884(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)	rivative curity or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numbo of Title Share:		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership Form: Ownered (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. Shares were sold solely to cover the associated tax liability upon the vesting of a previously granted award of Restricted Stock Units (RSUs).
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.87 to \$2.92, inclusive. The reporting person undertakes to provide to the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth
- 3. Includes 192,607 RSUs which are payable in an equivalent number of shares of the Issuer's common stock.

Remarks:

/s/ Brendan Sheehey

03/08/2023

** 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.