FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	APP	ROV	Ά
-----	-----	-----	---

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

### 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

purchase or sale issuer that is into	of equity securities of ended to satisfy the use conditions of Rule enstruction 10.			
1. Name and Addre Barber Jame	ess of Reporting Pers	son <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Vestis Corp [ VSTS ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(I cot)	(Firet)	/Middle)		X Director 10% Owner  X Officer (give title Other (specify below) below)
(Last) (First) (Middle) VESTIS CORPORATION 1035 ALPHARETTA STREET, SUITE 2100		, ,	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2025	President & CEO
(Street) ROSWELL	GA	30075	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person
(City)	(State)	(Zip)		Form flied by More than One Reporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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 Acc Disposed Of (D)			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	(Instr. 3 and 4)		(111301.4)
Common Stock, par value \$0.01 per share	12/09/2025		A		140,253(1)	A	\$0	782,722	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. Transac Code (li 8)		Derivative		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	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		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$7.13	12/09/2025		A		355,872		(2)	12/09/2035	Common Stock, par value \$0.01 per share	355,872	\$0	355,872	D	

### **Explanation of Responses:**

- 1. Represents restricted stock units, which vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. These options to purchase shares of common stock vest in three equal annual installments beginning on the first anniversary of the date of grant.

#### Remarks:

/s/ Brian J. Casey, as Attorney-infact

\*\* Signature of Reporting Person

12/11/2025

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.