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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Meloun John P	2. Issuer Name a Xponential Fitr			0.	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner XOfficer (give title below)Other (specify below) Other (specify below)				
(Last) (First) C/O XPONENTIAL FITNES VON KARMAN AVE., SUI	3. Date of Earliest 03/02/2022	Transactio	n (M	onth/Day/Y	ear)					
(Street) IRVINE, CA 92614	4. If Amendment,	Date Origii	nal Fi	led(Month/Da	ay/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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			xecution Date, if Code			es Acqu posed c and 5)	of(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature Ownership Form: Beneficia	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownershij (Instr. 4)
Class A Common Stock	03/02/2022		А		241,592 (<u>1</u>)	А	\$ 0	321,281	D	
Class B Common Stock								69,714	D	

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

Persons who respond to the collection of information SE contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Number a		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of (Mo		(Month/Day	onth/Day/Year) U		Underlying Se		Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	· · · ·		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative				Secu	Securities ((Instr. 3 and		Owned	Security:	(Instr. 4)		
	Security				Acquired			4)			Following	Direct (D)		
					(A) or						1. L	or Indirect		
					Disposed							Transaction(s)	× /	
					of (D)							(Instr. 4)	(Instr. 4)	
					(Instr. 3,									
					4, and 5)									
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
Meloun John P C/O XPONENTIAL FITNESS, INC. 17877 VON KARMAN AVE., SUITE 100 IRVINE, CA 92614			Chief Financial Officer					

Signatures

/s/ John P Meloun, Chief Financial Officer of Xponential Fitness, Inc.

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- Represents the Issuer's Class A common stock subject to restricted stock units (RSUs) award granted to the Reporting Person pursuant to the Issuer's equity incentive plan.
 (1) The RSUs shall vest with respect to 25% of shares subject to such RSUs on each of the four anniversaries of March 2, 2022, in each case subject to the Reporting Person's continued employment through such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.