FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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nours 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).

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

(Print or Ty	pe Response	s)																
Name and Address of Reporting Person* Moen Megan				2. Issuer Name and Ticker or Trading Symbol Xponential Fitness, Inc. [XPOF]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O XPONENTIAL FITNESS, INC., 17877 VON KARMAN AVE., SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2022								X Officer (give title below) Other (specify below) EVP, Finance						
(Street) IRVINE, CA 92614			4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui							Acqui	ired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		if Code (Instr. 8)		ction	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D)		sed o nd 5) A) or	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownershi Form: Direct (Dor Indirect (I) (Instr. 4)	of I Ber Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A (Common S	Stock	03/02/2022			1	A		24,15 (1)	59 A	:	\$ 0	24,159		D			
Class B (Class B Common Stock										129,259		D					
Reminder:	Report on a s	separate line for		Derivative Sec	uriti	ies Ac	quire	Pers cont the f	ons wi ained i orm di	ho res in this splays	forr s a c	m are curren	not requ itly valid	ction of inf uired to res OMB conf	spond unle	ss	C 1474	4 (9-02)
1 75'41 . C	l _a	2 75 4		e.g., puts, call			s, op						.1 1	0 D : C	0 N 1	6 10		11 37 /
	2. Conversion or Exercise Price of Derivative Security	3. Transactior Date (Month/Day/Y	Execution Da Year) any	4. Transact Code (Instr. 8)	ion	5. Numb of Derive Secur Acqui (A) or Dispo of (D) (Instr. 4, and	ative ities ared sed	and Expiration Date (Month/Day/Year) An Un Sec		Amo Unde Secur (Instr	tle and unt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form Ouriva Securi Direct or Indi	rship of tive ty: (D) rect	(Instr. 4)		
				Code	V	(A)	(D)	Date Exer	cisable	Expira Date	ation	Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Moen Megan C/O XPONENTIAL FITNESS, INC. 17877 VON KARMAN AVE., SUITE 100 IRVINE, CA 92614			EVP, Finance				

Signatures

/s/ John Meloun, as Attorney-in-Fact, for Megan Moen	03/03/2022		
**Signature of Reporting Person	Date		

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 33.33% of shares subject to such RSUs on each of the three 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.