## FORM 4

## C SECURITIES AND EVOLANCE COMMISSION **UNITED STATE**

Washington, D.C. 20549

S SECURITIES AND EXCHANGE COMMISSIO	Ν	
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OMB APF	PROVAL
OMB Number:	3235-0287

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

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

	MENT OF CHANGES IN BENEFICIAL OWNERSHIP  OMB Number: 3235-0287 Estimated average burden hours per response: 0.5	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: 323	35-0287
	Estimated average burden	
Filed assessment to Ocation 40(a) of the Ocassifica Feedback as Act of 4004	hours per response:	0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>Gross Joli L.</u>					2. Issuer Name and Ticker or Trading Symbol  GXO Logistics, Inc. [ GXO ]										eck all app  Direc	icable) or	ng Pers	son(s) to Iss	)wner			
(Last) (First) (Middle) C/O GXO LOGISTICS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025										r (give title		Other (s below)	pecify		
TWO AMERICAN LANE						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) GREENWICH CT 06831						, ,										Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(5	State)	(Zip)																			
		Tab	le I - Nor	ı-Deriv	ative	Se	curiti	es Ac	quir	ed, D	isp	osed o	of, or	Ben	neficia	ly Owne	d					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		r, Transaction Dispose Code (Instr. 5)		urities Acquired (A) or eed Of (D) (Instr. 3, 4 a			Benefic Owned	es For ially (D) Following (I) (		r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								С	ode V	,	Amount	ount (A)		Price	Report Transa (Instr. 3	tion(s)			(Instr. 4)			
Common	Stock			01/02	2/2025	2025				М		1,282 A		A	\$0	9	9,467		D			
		Т	able II -									sed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (I 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			Amount of		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration te	Title		Amount or Number of Shares							
Restricted Stock Units	(1)	01/02/2025			M			1,282	(	(2)		(2)	Comm Stock		1,282	\$0	0		D			

## **Explanation of Responses:**

1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive, either (i) one share of GXO Logistics, Inc. common stock, par value \$0.01 per share ("GXO Common Stock"), or (ii) a cash payment equal to the fair market value of one share of GXO Common Stock.

2. The RSUs vested in full on January 2, 2025.

## Remarks:

/s/ Karlis P. Kirsis, Attorney-

01/06/2025

in-Fact

\*\* 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.