FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C.	20549
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OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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 is intended to satisfy the affirmative defense conditions of Rule 10b5-14(s) Care that write in the conditions of Rule 10b5-1

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(c). Se	ee Instruction 1	0.																		
Name and Address of Reporting Person* Grady Seamus						2. Issuer Name and Ticker or Trading Symbol Fabrinet [FN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
<u> Jiaay i</u>											Director			10% Ov						
(Leat)	/F:-	2 0	oto of F	arlias t	Trons	ootion /	Month	/Day/Vaa=\			V	Officer (give title below)			Other (s below)	specify				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/24/2024								Chief Executive Officer						
C/O FABRINET USA, INC. 3736 FALLON ROAD #428						00,2 0,202														
3736 FA																				
(Street)		4. If /	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
DUBLIN	I CA	. 9	4568												Form filed by One Reporting Person					
DOBER	DUBLIN CA 94300														filed by Mo	re than Or	ne Repo	orting		
(City)	(Sta	ate) (7	Zip)			Person														
(Oity)	(011	(2	-ip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transacti									3. 4. Securities Acquired (A)									7. Nature		
				Date (Month/Day	y/Year)	/Year) Execution Date,			Transaction Disposed Of (D) Code (Instr. 5)			f (U) (In	(D) (Instr. 3, 4 and		Beneficially		(D) or Indirect		of Indirect Beneficial	
						(Month/Day/Year)			8)			_		Report	orted		(Instr. 4)	Ownership (Instr. 4)		
					Code	v	Amount	(A) o (D)	r Pr	ice		ction(s) 3 and 4)								
Ordinary Shares 08/24/20						2024					2,931	D	\$2	267.35	64,293		D			
	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. De		4.			mber	6. Date Exerc			7. Title and			Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities					erivative ecurity	derivative Securities	Forr	Ownership Form:	of Indirect Beneficial		
(Instr. 3)					ay/Year) 8)		Securities Acquired		Underlying Derivative				str. 5)	Beneficially Owned			Ownership (Instr. 4)			
	Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)		Security (Ins				str.		Following Reported		(I) (Instr. 4)	(
										3 and 4			4)		Transaction		1(s)			
																(Instr. 4)				
							\top						Amo	unt						
					Code V								or Num	ber						
							(A) (D)		Date Exercisable		Expiration Date	of Title Share		es						
							L`	<u> </u>												

Explanation of Responses:

1. The reported shares were withheld to cover the Reporting Person's tax liability in connection with the vesting of restricted share units.

Andrew Chew, Attorney-infact for Seamus Grady

08/27/2024

** 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.