FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	J				

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

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-

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). Si	ee Instruction 1	0.																		
Name and Address of Reporting Person*      Credy Soomys				2. Issuer Name and Ticker or Trading Symbol Fabrinet [FN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Grady Seamus</u>					[									✓ Dire	Director		10% Ov	vner		
					-									-	Officer (give title below)			Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/23/2024									Chief Executive Officer						
C/O FAE	BRINET US	SA, INC.			00/23/2021											Ciliei Exec	unvec	JIIICEI		
3736 FALLON ROAD #428																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)					1											n filed by On	e Renor	rtina Persa	n	
DUBLIN	I CA	ı 9	4568		1										Form filed by One Reporting Person  Form filed by More than One Reporting					
-					1										Per			опо гюро	9	
(City)	(Sta	ate) (2	Zip)		1															
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Ben	eficia	ally Ow	ned				
1. Title of	Security (Inst	r. 3)		2. Transac	tion								ount of			7. Nature				
Date (Month/Da			Execution Date, y/Year) if any			Transaction Disposed Of (D) (Instr. Code (Instr. 5)		3, 4 ar	Bene	ficially		or Indirect   E	of Indirect Beneficial							
ľ					(Month/Day/Year) 8)					Owne Repo	d Following rted	(I) (Inst		Ownership (Instr. 4)						
							Code	v	Amount	(A) (D)	) or	Price		action(s) 3 and 4)						
Ordinary Shares 08/23/2				2024				S		26,650	I	D	\$27	0 :	37,643		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)  1. Title of Derivative Security (Instr. 3)  2. Conversion Date Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution if any (Month/Day Month/Day				on Date, Transacti		ction	5. Number tion of		6. Date Exercisable and Expiration Date		7. Title and Amount of			8. Price of Derivative			10. Ownership	11. Nature of Indirect		
				Dav/Year)	Code (	Code (Instr.		Derivative Securities		Day/Y	ear)	ar) Securiti			Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
				, 2 u j. 1 u u.,   u,		Į Ž		Acquired (A) or					Derivative Security (Insti		,,	Owned Following	´   oı	or Indirect	(Instr. 4)	
	Gecurity							Disposed					3 and 4)			Reported	- 1"	, (III3ti. <del>4</del> )		
							of (D) (Instr. 3, 4									Transactio (Instr. 4)	n(s)			
					$\square$		and 8	5)												
													Am	ount						
									Date		Expiration		1	nber						
					Code	v	(A)	(D)	Exercis	able	Date	Title		ires						

**Explanation of Responses:** 

Andrew Chew, Attorney-infact for Seamus Grady

08/28/2024

\*\* Signature of Reporting Person 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.