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## INITIAL STATEMENT OF 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

|  |   |   |           |                            |                       |   |  |
|--|---|---|-----------|----------------------------|-----------------------|---|--|
| <p>1. Name and Address of Reporting Person *</p> <p><u>ODDI DAVID</u></p> <hr/> <p>(Last) (First) (Middle)</p> <p><u>C/O KIDPIK CORP.</u></p> <p><u>200 PARK AVENUE SOUTH, 3RD FLOOR</u></p> <hr/> <p>(Street)</p> <p><u>NEW YORK NY 10003</u></p> <hr/> <p>(City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement (Month/Day/Year)</p> <p><u>11/10/2021</u></p> | <p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p><u>KIDPIK CORP.</u> [ <u>PIK</u> ]</p> |           |                            |                       |   |  |
| <p>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Director</td> <td>10% Owner</td> </tr> <tr> <td>Officer (give title below)</td> <td>Other (specify below)</td> </tr> </table>         |   | <input checked="" type="checkbox"/> Director  | 10% Owner | Officer (give title below) | Other (specify below) | <p>5. If Amendment, Date of Original Filed (Month/Day/Year)</p> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p> |  |
| <input checked="" type="checkbox"/> Director   | 10% Owner   |   |           |                            |                       |   |  |
| Officer (give title below)   | Other (specify below)   |   |           |                            |                       |   |  |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
|---------------------------------|---|--|---|

**Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|--|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |  |   |
| Restricted Stock Unit                      | (1)  | (1)             | Common Stock  | 10,000                     | (2)  | D  |   |

**Explanation of Responses:**

1. The restricted stock units vest at the rate of (i) 1/3 on May 15, 2022 (six months from the closing of the Issuer's initial public offering ("IPO")); (ii) 1/3 on May 15, 2023 (eighteen months from the closing of the IPO); and (iii) 1/3 on May 15, 2024 (thirty months from the closing date of the IPO), subject to the reporting person's continued service through the applicable vesting date. Restricted stock units do not expire; they either vest or are canceled prior to vesting date.

2. Each restricted stock unit represents the contingent right to receive, at settlement, one share of common stock.

/s/ David Oddi

12/03/2021

\*\* 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 5 (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.**