FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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).

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. Name and Address of Reporting Person* <u>DelaCruz Stephanie</u>   |   |  |   |         |           | 2. Issuer Name and Ticker or Trading Symbol PFSWEB INC [ PFSW ] |   |       |               |   |          |  |  |   | (Che  | ck all applic  | able)   | ng Person(s) to Is                |   | - 1                                   |
|--|---|--|---|---------|-----------|---|---|-------|---------------|---|----------|--|--|---|---|--|---|-----------------------------------|---|---------------------------------------|
| (Last) (First) (Middle) C/O PFSWEB, INC  |   |  |   |         |           | 3. Date of Earliest Transaction (Month/Day/Year) 04/18/2022     |   |       |               |   |          |  |  |   | , <u>)</u>  | below)   |   |                                   | below)  | pecity                                |
| 505 MILLENNIUM DRIVE   |   |  |   |         |           | If Amendment, Date of Original Filed (Month/Day/Year)           |   |       |               |   |          |  |  |   | 6. Individual or Joint/Group Filing (Check Applicable |  |   |                                   |   |                                       |
| (Street) ALLEN   | •   |  |   |         | ,         |   |   |       |               |   |          |  |  |   | Line)   | Y Form filed by One Reporting Person Form filed by More than One Reporting |   |                                   |   |                                       |
| (City)   | (S  | tate)                                      | (Zip)   |         |           |   |   |       |               |   |          |  |  |   |   | Person   |   |                                   |   |                                       |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |   |         |           |   |   |       |               |   |          |  |  |   |   |  |   |                                   |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |   |         |           | ear) i  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | e, Ti<br>C    | Code (Instr.  |          | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, |  | or 5. Amour Securitie Beneficia Owned F |   | s For<br>ally (D)<br>following (I) (                                       |   | : Direct<br>r Indirect<br>str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4)             |                                       |
|  |   |  |   |         |           |   |   |       | c             | ode   | v        | Amount   | (A) or<br>(D)  | Pr                                      | ice   | Transact<br>(Instr. 3 a  | ion(s)  |                                   |   | illisu. 4)                            |
| Common Stock 04/18/2   |   |  |   |         |           | 22  |   |       |               | M   |          | 5,000  | A  | \$                                      | 5.95 <sup>(1</sup>                                    | 71,  | 810   |                                   | D   |                                       |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |           |   |   |       |               |   |          |  |  |   |   |  |   |                                   |   |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, T | Code (Ins |   |   |       | Expira        | 6. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |          |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |   |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) |                                   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |         | Code      | v   | (A)   | (D)   | Date<br>Exerc | cisable   | Ex<br>Da | piration<br>te   | Title  | or                                      | ount<br>nber<br>ires                                  |  |   |                                   |   |                                       |
| Option to  | \$6.95  | 04/18/2022                                 |   |         | M         |   | П   | 5,000 | (             | 1)  | 11/      | /13/2027 <sup>(2)</sup>                                  | Common   | 5,                                      | 000   | \$6.95   | 0   |                                   | D   |                                       |

## Explanation of Responses:

- 1. Exercise of stock options issued under the Company's Stock and Incentive Plan.
- 2. Expiration date of Option to purchase accelerated to 04/18/22 based on date of separation from the Company.

## Remarks:

/s/ Thomas J Madden by Power 04/20/2022 of Attorney

\*\* 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.