Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | ırden |
| hours per response: | 0.5 |

| STATEMENT OF CHANGES IN BENEFICIAI | |
|------------------------------------|--|
|------------------------------------|--|

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

| | | | Dorivativ | 0 50 | curities Acaui | rod [| lien | sed of or | Bono | ficially | Owned | | | | |
|--|--------------------------|-------|--------------------------------------|---|---|---|----------|------------------------------------|-------|---|---|---|---|--|--|
| Common Stock 07/24/2 | | | | 024 | | A | | 4,805(1) | A | \$ <mark>0</mark> | 4,805 | D | | | |
| | | | | | | Code V | | Amount (A) or (D) P | | Price | Transaction(s) (Instr. 3 and 4) | | (| | |
| Date | | | 2. Transactic Date (Month/Day/ | - | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| (City) | (State) | (Zip) | | Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | | | | |
| PLAINS NY 10601 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| (Street) | | | | | | | | | | | Form filed by Mo Person | re than One Re | porting | | |
| 44 SOUTH BROADWAY, 4TH FLOOR | | | | | | | | | Line) | Form filed by One Reporting Person | | | | | |
| C/O TURTLE BEACH CORPORATION | | | | 4. If Ai | mendment, Date of | Origina | al Filec | I (Month/Day/ | Year) | | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| | | | | | e of Earliest Transa 4/2024 | action (N | /lonth/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| | Bush Elizabeth Berlacher | | | | ier Name and Ticke le Beach Cor | | | | | tionship of Reporting Person(s) to Issue all applicable) Director 10% Owner | | | | | |
| | | | | | | | | | | | | | | | |

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | vative rities lired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-------------|--|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These are restricted shares that will vest on April 1, 2025.

/s/ John T. Hanson, attorney-

in-fact for Elizabath Berlacher 07/25/2024

<u>Bush</u>

** 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.