FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Wa	ıs	hin	ato	n.	D	C.	2	054	49)						

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	e burden										

0.5

hours per response:

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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 0	ee instruction	10.																			
Name and Address of Reporting Person* Jaques Attica					2. Issuer Name and Ticker or Trading Symbol Brilliant Earth Group, Inc. [BRLT]									5. Relationship of Reporting Person(s) to Issue (Check all applicable)							
<u>suques ritteu</u>																Director		10% Ov			
,					-			_						-	Offic belov	er (give title		Other (s	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024									Delo	N)		below)			
C/O BRI	12/31/2024																				
300 GRANT AVENUE, THIRD FLOOR																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)						
SAN															Form filed by One Reporting Person				on		
FRANC	ISCO C.	A 9	4108													Form filed by More than One Reporting					
															Person						
(O:t-)	(0	4-4-> /-	7 : \																		
(City)	(5	tate) (2	Zip)																		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Own	ed					
1. Title of	Security (Ins	str. 3)		2. Transac	ction	2A.	Deeme	d	3.		4. Securiti	es Ac	quired	(A) o	5. Amo	ount of	6. 0	wnership	7. Nature		
		,		Date (Month/Da			cution Date,						. 3, 4 a	nd Securi Benefi				of Indirect Beneficial			
(MORULE)					(Month/Day/Year)							Owned	d Following (I) (nstr. 4)	Ownership					
									Code	v	Amount	(A	() or	Price	Repor Transa	ted action(s)			(Instr. 4)		
									Code	<u> </u>	Amount	(0))	Price	(Instr.	3 and 4)					
Class B C	Common St	tock		12/31/	2024				Α		571	Т	Α	\$ <mark>0</mark>	1) 2	4,530		D			
							<u> </u>							1							
		Tal									osed of,					d					
				(e.g., pu	its, ca	alis, v	warra	ants,	optior	ıs, c	onvertib	le se	ecur	ities)						
1. Title of	med 4.		5. Numbe		ımber				7. Title and			8. Price of			10.	11. Nature					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any				ansaction of ode (Instr. De		ative	Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security			Ownership Form:	of Indirect Beneficial					
			Day/Year)	8)		Securities		Underlying				9	(Instr. 5)			Direct (D)	Ownership (Instr. 4)				
						Acquired (A) or		Derivat Securit				urity (l						or Indirect (I) (Instr. 4)			
						Disposed of (D)				3 and 4) `				Reported Transactio	n(s)	' '					
				(1		(Instr. 3, 4								(Instr. 4)	(5,						
			ļ			and 8	p)														
												Am or	ount								
					Nui	nber															
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Sha	ares							
	1	1				1 1 1						- 1			1			1			

Explanation of Responses:

1. Reflects the acquisition for no consideration of Class B Common Stock in connection with the vesting of Common Units.

Remarks:

/s/ Jeffrey Kuo as Attorney-in-Fact for Attica A. Jaques 01/02/2025

** 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.