FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP
SIAILMENI	OF CITA	INGES III	BENEFICIAL	CAMINE VOLUME

OMB APPROVAL 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).

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* GATE CITY CAPITAL MANAGEMENT, LLC					Issuer Name and Ticker or Trading Symbol STRATTEC SECURITY CORP [STRT] Date of Earliest Transaction (Month/Day/Year) 05/21/2024										all app Direc	tor er (give title	<u> </u>	X 10%	Owr er (sp		
(Last) (First) (Middle) 8725 W HIGGINS ROAD, STE 530				4. If a	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						·	
(Street) CHICAC	GO IL	IL 60631				Form filed by More than One Reporting Person															
(City)	(Sta	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan the satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								an that is i	ntend	ded to					
		Table	I-	Non-Deriva	tive	Secur	rities	Acq	quir	red, D	Disp	posed o	f, or	Benefici	ally	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date if any (Month/Day/Ye		Date,	Date, Tra							nd 5) Se Be Ov Fo		5. Amount of Securities Beneficially Owned Following		vnership :: Direct r ect (I) :: 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					C		ode V		Amo	Amount (Price		Reported Transaction (Instr. 3 and							
Common Stock, par value \$.01 per share			05/21/2024	1				P		7	,057	A	\$24.5991 ⁽¹⁾		412,341 ⁽²⁾		I		See footnote ⁽³⁾		
		Tal	ole	II - Derivati (e.g., pu										eneficia ecurities		Owne	d				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transa Code 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)				Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) Sensitive Benefic Owned Followin Reporte Transac (Instr. 4)		ve Owners es Form: ially Direct (i or Indin ng (i) (Insti		nip)) ct	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The reported price in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.46 to \$24.60 per share.
- 2. Reflects shares deemed to be under the investment control of Gate City Capital Management, LLC, which serves as an adviser to certain private investment funds and managed accounts. Michael Melby is the Managing Member of Gate City Capital Management, LLC.
- 3. Mr. Melby may be deemed to beneficially own (solely for the purpose of Rule 16a-l(a)(2) under the Exchange Act) the securities set forth in footnote (I) above as Managing Member of Gate City Capital Management, LLC. Mr. Melby disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.

/s/ Michael Melby as Managing Member of Gate City Capital Management,

05/23/2024

LLC

** 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.