SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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 [*] HARRIS CASSANDRA	2. Date of E Requiring S (Month/Day 10/01/202	Statement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>GENESCO INC</u> [GCO]				
(Last) (First) (Middle) C/O GENESCO INC. 535 MARRIOTT DRIVE (Street) NASHVILLE TN 37214 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below) SVP Finance &	10% C Other below)) wner (specify	Person	Year) int/Group Filing ∋ Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		4. Conversio or Exercis	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
Explanation of Responses:	Date Exercisable	Expiration Date		Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	5)

Responses

Scott E. Becker, Attorney-10/01/2024

in-Fact

** Signature of Reporting Date Person

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.