FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	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*  Brown Christopher Michael						2. Issuer Name and Ticker or Trading Symbol XPO, Inc. [XPO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DIOMIL	CIII 1810	PHEL IVI	<u>iciiaci</u>													Direct	or		10% Ov	wner	
/L act)		(First)		Middle)			3. Date of Earliest Transaction (Month/Day/Year)									X Officer below:	(give title		Other (s	specify	
(Last)		(FIISt)	(	ivildule)		03/15/2024									Ch	ief Accou	ınting	g Officer			
C/O XPO	O, INC.					$\vdash$										Ciner recounting officer					
FIVE AMERICAN LANE					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctroot)						_										X Form	iled by One	Repo	orting Perso	n	
(Street) GREEN	WICH	СТ	(	06831													Form filed by More that Person			rting	
(City) (State) (Zip)						10b	5-1(c)	) Tran	sac	tion Inc	lica	ition	,								
						Ιп						saction was i				tract, instructi	on or written	plan th	hat is intende	ed to	
								,						(-,							
			Tabl	e I - No	n-Deri	vative	Sec	curiti	ies Ac	quire	l, Dis	sposed o	of, o	r Ben	eficial	ly Owne	t				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			Benefic Owned	ies Folially (D Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D) Pri		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 03/1				03/15	5/2024	/2024					1,655		A	\$0	27	27,850		D			
Common Stock 03/1:			5/2024	/2024			F		767		D	\$122.6	56 27	7,083		D					
			Ta	able II -												Owned					
					(e.g.,	outs,	calls	s, wa	rrants	s, optio	ons,	converti	DIE :	secu	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercis Price of Derivative Security	Date (Month/	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)		on of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Unit	(1)	03/1	15/2024			M			1,655	(2)		(2)		nmon	1,655	\$0	3,309		D		

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive, upon settlement, either (i) one share of Common Stock or (ii) a cash payment equal to the fair market value of one share of
- 2. These RSUs vest in three equal annual installments on March 15, 2024, March 15, 2025 and March 15, 2026, generally subject to the Reporting Person's continued employment with the Issuer through the applicable vesting date

## Remarks:

/s/ Wendy Cassity, Attorney-in-03/19/2024 Fact

\*\* 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.