FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|--|---|--|------------|----------------|-----------------|---|-----------------------------|--|---|---|---|---|---|--|
| 1. Name and Address of Reporting Person* MRKONIC GEORGE R JR | | | | 2. Issuer Name and Ticker or Trading Symbol Ulta Beauty, Inc. [ULTA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 1000 REMINGTON BLVD., SUITE 120 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2021 | | | | | | | Office | r (give title belo | ow) | Other (specify b | eelow) | |
| (Street) BOLINGBROOK, IL 60440 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | | |
| (City | | (State) | (Zip) | | Ta | able I - N | Non-D | Periva | ative So | curitie | s Acqui | ired, Dispo | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | ate, if | (Instr. 8) | | (A | 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) | Beneficia | ant of Securities ally Owned Following d Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day | rear) | Code | : \ | V A | mount | (A) or (D) | Price | (Ilistr. 3 a | and 4) | | or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 06/21/2021 | | | S | | 59 | 95 | D | \$ 330.3 | 0 (1) | | | I | By the George R. Mrkonic Jr. Trust |
| Common | Stock | | | | | | | | | | | 2,476 (1 |) | | D | |
| Reminder: | Report on a s | eparate line f | or each class of secur Table II - | ities benefici | <u> </u> | | Pe co the | ersor ontain e for | ns who ned in rm disp | respo this fo plays a | orm are | not requesting ntly valid | ction of inf uired to res OMB conf | spond unle | ess | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | | e.g., puts, ca | | arrants, 5. | | | | | | itle and | 8. Price of | 9. Number | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | Date (Month/Day/ | Execution Da (Year) any | tte, if Transaction Code Year) (Instr. 8) | | Number ar | | • | | Amo Und Secu | ount of lerlying arities tr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | hip of Indirect Beneficia Ownersh (Instr. 4) | |
| | | | | Code | V | (A) (I | E | ate xercis | sable E | Expiratio Date | on Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Reporting Owner Name / Address | | Relationships | | | | | |
|--------|---|---|---------------|---------|-------|--|--|--|
| F | | | 10% Owner | Officer | Other | | | |
| 1000 R | ONIC GEORGE R JR LEMINGTON BLVD., SUITE 120 NGBROOK, IL 60440 | X | | | | | | |

Signatures

| /s/ Jodi J. Caro, as attorney-in-fact for George R. Mrkonic | 06/22/2021 | |
|---|------------|--|
| **Signature of Reporting Person | Date | |

Explanation of Responses:

- * 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).
- (1) Since the date of the reporting person's last ownership form, 595 shares held directly have been transferred to the George R. Mrkonic Jr. Trust.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.