FORM 4

☐ 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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response... 0.5

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

1. Name and Address of Reporting Person *				2.]	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Mavoides Peter M.				ES	ESSENTIAL PROPERTIES REALTY												
					TRUST, INC. [EPRT]								X Director 10% Owner				
(Last)	(First)	(Mi	ddle)	3.]	Date	of Earlie	est Transac	ction	(MM/	DD/YYYY))		_X_ Officer (given		v) Otl	ner (specify l	below)
(====)	()	(I	President and	I CEO			
902 CARNEGIE CENTER					10/13/2023												
BLVD., SUIT	TE 520																
(Street)				4.]	4. If Amendment, Date Original Filed (MM/DD/YYYY)						(Y)	6. Individual or Joint/Group Filing (Check Applicable Line)					
PRINCETON, NJ 08540												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Ci	ity) (Stat	e) (Zip	o)										roini ined by	wiore man c	one resporting r	Crson	
1. Title of Security (Instr. 3)				- Non-Der	2A. l	Deemed	7 Trans. Co	de	4. Sec	ırities Acqu	ired (A	A) 5. A	Amount of Securit	ies Beneficia			7. Nature
(tilsti. 5)				Execution Date, if any		(IIISu. 6)		or Disposed of (D) (Instr. 3, 4 and 5)		,		str. 3 and 4)	Transaction(s)			Beneficial Ownership	
							Code	V	Amou	nt (A) or (D)	Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock (1)			1	10/13/2023			$A^{(1)}$		65	58 A	S	60			530,077	D	
	Tabl	le II - Der	ivative S	Securities	Bene	eficially	Owned (e	.g., _]	puts,	calls, wa	rran	ts, op	tions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemo Execution Date, if any	(Instr. 8)	Code	Derivativ Acquired Disposed			6. Date Exercisable and Expiration Date		7. Title and Securities U Derivative S (Instr. 3 and		nderlying ecurity	Derivative Security	Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amou Shares	nt or Number of	1	Reported Transaction(s) (Instr. 4)		

Explanation of Responses:

(1) Represents an adjustment to the shares subject to performance-based RSUs granted in 2020 which will vest on December 31, 2023 in connection with the payment of quarterly dividends to stockholders during 2023 pursuant to the terms and conditions of the underlying award agreement.

Remarks:

Exhibit 24.1 - Power of Attorney (incorporated by reference to the Power of Attorney filed as Exhibit 24.1 to the Form 4 filed by the reporting person on November 4, 2021.)

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Mavoides Peter M. 902 CARNEGIE CENTER BLVD. SUITE 520 PRINCETON, NJ 08540	X		President and CEO					

Signatures

**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 control number.