FORM 4

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

Vashington, E	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*  Owen Andrea						2. Issuer Name <b>and</b> Ticker or Trading Symbol MILLERKNOLL, INC. [ MLKN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) 855 EAS	(F ST MAIN A	irst) VENUE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023								below)	ief Exec	utive	below)	респу	
P.O. BOX 302					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) ZEELAN	ND M	II	49464												led by Mor		rting Persor One Repor		
(City) (State) (Zip)				Rι	Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										at is intended	to								
		Tal	ole I - Nor	-Deriv	vative	Se	curities	s Ac	quired, D	ispos	ed c	of, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			red (A) or str. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally following	Form	: Direct Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V Am	nount	t (A) or Price		Transact (Instr. 3 a	action(s)			msu. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, Turity or Exercise (Month/Day/Year) if any		l. Transaction Code (Instr. I)				6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	Code	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares		(Instr. 4)	JII(S)			
Non- Qualified Stock Option (right to buy)	\$20	07/18/2023			A		313,177		(1)	07/18/2	2033	Common Stock	313,177	\$0.0	313,17	7	D		
Restricted Stock Units	(2)	07/18/2023			A		89,518		(3)	(3)		Common Stock	89,518	\$0.0	161,43	9	D		

## **Explanation of Responses:**

- $1. \ This \ grant \ vests \ in \ three \ equal \ annual \ installments \ beginning \ on \ the \ first \ anniversary \ of \ the \ grant \ date.$
- 2. Each restricted stock unit represents a contingent right to receive one share of MLKN common stock.
- 3. The restricted stock units are subject to a three-year vest schedule, vesting 25% at year one, 25% at year two, and 50% at year three. Vesting is on August 1 of each respective year.

By: Jacqueline H. Rice For: Andrea R. Owen

07/20/2023

\*\* 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.