FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number: | 3235-0287 |
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

| Name and Address of Reporting Person* Brisbin Thomas Donald | | | 2. Issuer Name and Ticker or Trading Symbol Willdan Group, Inc. [WLDN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | |
|---|----------------------|--|--|-----------------|---|---|--------|--|-----------------|--|--|---|--|--|---|---|-------------------------------------|-------------|----|
| | ST KATEL | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2024 | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| (Street) | | A 9 | 2806 | | 4. If <i>I</i> | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year |) | 6. Indiv Line) | Form | filed by One filed by Moon | e Rep | orting Pers | on |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | , 4 and Secur Bene Owne | | rities F ficially (ed Following (| | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock 11/21/2 | | | 11/21/2 | 2024 | | S | | 7,700 | D | \$4 | 11.69 | 1.69 422,104 | | | D | | | | |
| Common Stock 11/22/ | | | 11/22/2 | 2024 | | S | | 7,700 | D | \$ \$2 | 12.34 | 414,404(1) | | | D | | | | |
| Common | Common Stock 11/25/2 | | | 2024 | | S | | 7,700 | D | \$ \$4 | 13.45 | 406,704(1) | | | D | | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date, Tif any C | | | sinsaction de (instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) | | |
| | | | | Cod | | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

1. Includes (i) 2,248 shares of restricted stock that vest in two substantially equal installments on each of June 12, 2025 and June 12, 2026, (ii) 11,667 shares of restricted stock that vest in two substantially equal installments on each of March 7, 2025 and March 7, 2026 and (iii) 6,250 shares of restricted stock that vest on March 9, 2025.

/s/ Creighton K. Early,

Attorney-in-Fact for Thomas 12/16/2024

D. Brisbin

** 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 Number.