| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Instruction 1(b). | | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | |
|--------------------------------------|-----------------------|----------|---|--------|----------------------|-----------------|--------------------------|--|
| (_). | | T lieu | or Section 30(h) of the Investment Company Act of 1940 | | | 6 | | |
| 1. Name and Addre | ess of Reporting Pers | son* | 2. Issuer Name and Ticker or Trading Symbol TEMPUR SEALY INTERNATIONAL, | (Check | all applicat | , | | |
| | | | INC. [TPX] | X | Director | | 10% Owner | |
| (Last) | (First) | (Middle) | | X | Officer (g below) | ive title | Other (specify below) | |
| C/O TEMPUR SEALY INTERNATIONAL, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2021 | | CE | CEO & PRESIDENT | | |
| 1000 TEMPUR | WAY | | | | | | | |
| · | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | idual or Joi | nt/Group Filing | (Check Applicable | |
| (Street) | | | | Line) | | | | |
| LEXINGTON | KY | 40511 | | | Form file | by One Repo | rting Person | |
| , | | | | | Form file Person | d by More than | One Reporting | |
| (City) | (State) | (Zip) | | | | | | |
| | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|---------|---------------|-------------------|---|----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1115411 4) |
| Common Stock | 12/16/2021 | | G ⁽¹⁾ | | 108,061 | D | \$ <mark>0</mark> | 1,354,704 | D | |

| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The reporting person gifted the shares to a charitable foundation. The reporting person no longer has beneficial ownership of such shares as he has no beneficial ownership interest in the charitable foundation.

Remarks:

1

/s/ Bhaskar Rao, Attorney-in-12/17/2021 Fact

** 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.