## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

Performance Based Restricted Stock Unit	(1)	02/27/2023			M			10,000	(3	3)	(3)	Common Shares	10,000	00	\$0.00	10,	000	D		
Doufowerer		Code V (A) (D		(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month /e		on Date,		ransaction ode (Instr.				e Exerc tion Da n/Day/\		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security (Instr. 5)		9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	ive ties cially ing ed ction(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	ip of I Ber Ow ct (Ins	Nature Indirect neficial vnership str. 4)
		Т	able II								osed of, convertib				wned					
Common Shares				1					18,382,	18,382,606 I			oy Spo	ouse						
Common Shares														23,48	33	,	]	by Spo hrough Profit Sharing Fund (401(k Plan)	h g	
Common S	Shares														35,14	10	]		oy Hay Founda	
Common Shares													265,57	5,573			by Spouse as Trustee			
Common S	Shares														5,046,6	556	I	2)	y Tru	ıst
Common Shares													11,301		I		by Profit Sharing Fund (401(k) Plan)			
Common S				02/27/2				F		3,111	D	\$26.8	36	1,100,648		D				
Common S	Shares			02/27/2	ი23				Code	v	10,000	(D)	Price (1)	(1	1,103,7	4)	Г	,		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		ar) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Securities Beneficially Owned Followi Reported		owing			7. Nature ndirect Benefici Ownersh Instr. 4)	ial hip			
		Tab	le I - No	on-Deriv	ative	Sec	uriti	es Ac	quired	d, Dis	sposed of	, or Be	neficia	ally (	Owned					
(City) (State) (Zip)														Form filed by More than One Reporting Person						
(Street) PHILADELPHIA PA 19112				4. If	Ameno	dment	, Date o	f Origina	al File	d (Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person								
(Last) C/O 5000	(Firs	t) (I ROAD STREET	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023									X Officer (give title Other (specify below) below)  Co-President, CCO					
1. Name and Address of Reporting Person*  Hayne Margaret						2. Issuer Name <b>and</b> Ticker or Trading Symbol URBAN OUTFITTERS INC [ URBN ]									(Check all applicable)  X Director 10% Owner					
, ,														I` '' '						

- 1. Each Performance Based Restricted Stock Unit ("PSU") represents a contingent right to receive one of the issuer's common shares.
- 2. These share are owned by four trusts, of which members of the reporting person's immediate family are among the beneficiaries.
- 3. One-third of the total number of PSUs are eligible to vest on each of February 25, 2022, 2023 and 2024, contingent on the continued employment of the reporting person through such date and the satisfaction of certain performance measures relating to the issuer's average operating profit margin for the fiscal years 2021, 2022, 2023 and 2024.

## Remarks:

/s/ Margaret Hayne

03/01/2023

\*\* 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.	