SEC	Form	4
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

FORM 4

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 000			TVC3UTICI		inpany Act o	11540						
1. Name and Address of Reporting Person <sup>*</sup> SCHLOSBERG HILTON H				2. Issuer Name and Ticker or Trading Symbol Monster Beverage Corp [ MNST ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SCHLUSDERG HILION H							0	1				2	C Director			10% Ov	/ner
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						,	Officer (give title below)			Other (s below)	pecify	
1 MONSTER WAY				02/24/2023						Vice Chairman and Co-CEO							
				<del> </del>	4. If Am	endment	, Date of	Original I	Filed	(Month/Day/	/Year)		dividual or J	oint/Group	Filing	(Check App	licable
(Street)			02970									Line	,				
CORON	IA C	A	92879									2	-	,	•	rting Persor	
(City)	(5	State)	(Zip)		Form filed by More than One Reporting Person							ting					
	-	Ta	ble I - Nor	-Derivat	ive S	ecuriti	es Aca	uired.	Dis	oosed of	. or Ben	eficially	v Owned				
1 Title of	Socurity /Inc			2. Transact		2A. Dee		3.			es Acquirec		5. Amoun	tof	6.0w	nership	7. Nature of
Date			Date			on Date,	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.			and 5) Securities Beneficiall Owned Fol		Form: ly (D) or		ndirect Beneficial Ownership			
						v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a				Instr. 4)			
			Table II -							osed of, o onvertib			Owned			<u> </u>	
1. Title of	2.	3. Transaction	3A. Deemed	4.	,			-			7. Title an	-	8. Price of	9. Numbe	ar of	10.	11. Nature
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	sion Date cise (Month/Day/Year) f ive	Execution Date, if any (Month/Day/Year)	ite, Trans Code	action (Instr.	n Derivative Ex		Expiration Date of Secur (Month/Day/Year) Underlyi Derivativ		of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	v	(A)		Date Exercisable		Expiration	Title	Amount or Number of Shares		(Instr. 4)			
				Code		(A)	(D)	Exercisa	able	Date	The	Silares					
Restricted					1	1					Common	15.200					1

## Explanation of Responses:

(1)

(1)

03/14/2023

03/14/2023

1. The restricted stock units were granted under the Monster Beverage Corporation 2020 Omnibus Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock as of the vesting date.

15,366

(2)

(4)

(3)

(3)

2. The remaining restricted stock units vest in two installments as follows: 15,367 units on March 14, 2024 and 15,367 units on March 14, 2025.

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Α

3. Not applicable.

4. The restricted stock units vest in three installments as follows: 11,266 units on March 14, 2024, 11,267 units on March 14, 2025 and 11,267 units on March 14, 2026.

33,800

## **Remarks:**

Stock

Units Restricted

Stock

Units

Due to limitations on number of entries per table, this Form 4 consists of two parts filed concurrently. Part I and Part II of the Reporting Person's Form 4 shall constitute one filing. This is Part II of II.

Paul J. Dechary, attorney-in-fact 03/14/2023

\*\* Signature of Reporting Person Date

15,366

33,800

Stock

Common

Stock

\$<mark>0</mark>

\$<mark>0</mark>

30 734

33,800

D

D

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.