FORM 3

1. Title of Derivative Security (Instr. 4)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ON	1R	ΑF	PF	SO	/Α

OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Padoff Prodlay Louis		2. Date of Event Requiring Statement (Month/Day/Year) 10/15/2024	3. Issuer Name and Ticker or Trading Symbol Rocky Mountain Chocolate Factory, Inc. [RMCF]			
(Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
2727 KIRBY I UNIT 29L	DRIVE			Director X 10% Owner Officer (give title below) below)	b. Individual of Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person	
(Street) HOUSTON	TX	77098			X Form filed by More than One Reporting Person	
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock, \$0.001 par value per share(1)	462,548	D	
Common Stock, \$0.001 par value per share(1)	299,817	I	By The Radoff Family Foundation ⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title

3. Title and Amount of Securities Underlying

Derivative Security (Instr. 4)

2. Date Exercisable and

security (mstr. 4)			ate
		Date Exercisable	Expiration Date
s of Reporting Person *			
<u>y Louis</u>			
(First)	(Middle)		
IVE			
TON	77000		
1 X	//098		
(State)	(Zip)		
s of Reporting Person*			
<u>Toundation</u>			
(First)	(Middle)		
IVE			
	<u> </u>		
TX	77098		
(State)	(Zip)		
	of Reporting Person* y Louis (First) IVE TX (State) of Reporting Person* v Foundation (First) IVE	s of Reporting Person* y Louis (First) (Middle) IVE TX 77098 (State) (Zip) s of Reporting Person* v Foundation (First) (Middle) IVE	Expiration Di (Month/Day/) Date Exercisable s of Reporting Person* y Louis (First) (Middle) IVE TX 77098 (State) (Zip) s of Reporting Person* y Foundation (First) (Middle) IVE

Explanation of Responses:

1. This Form 3 is filed jointly by The Radoff Family Foundation ("Radoff Foundation") and Bradley L. Radoff (collectively, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively beneficially owns more than 10% of the Issuer's outstanding shares of Common Stock. Each Reporting Person disclaims beneficial ownership of the securities of the Issuer reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

2. Represents securities owned directly by Radoff Foundation. Mr. Radoff, as a director of Radoff Foundation, may be deemed the beneficial owner of the securities owned by Radoff Foundation.

<u>/s/ Bradley L. Radoff</u> <u>10/25/2024</u>

The Radoff Family Foundation,

By: /s/ Bradley L. Radoff, 10/25/2024

Director

** Signature of Reporting Person

Date

5. Ownership

Form: Direct

Indirect (I)

(Instr. 5)

(D) or

Conversion

or Exercise

Price of

Security

Derivative

Amount

Number

of Shares

6. Nature of Indirect

(Instr. 5)

Beneficial Ownership

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 5 (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.