## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

I

| 1 |                          |           |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
|   | Estimated average burden |           |  |  |  |  |  |  |
|   | hours per response:      | 0.5       |  |  |  |  |  |  |

10% Owner

Other (specify

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b). 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person' (Check all applicable) FARMER BROTHERS CO [ FARM ] **Inofuentes Ruben E** Director Officer (give title

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| -   |  |         |                          |          |   |                                |   |           |                         |             |                 |  | 37  | Unice   | er (give lille   |   | Other (s  | specify    |
|---|--|---------|--------------------------|----------|---|--------------------------------|---|-----------|-------------------------|-------------|-----------------|--|---|---|--|---|---|------------|
| (Last) (First) (Middle)<br>1912 FARMER BROTHERS DRIVE |  |         |                          |          | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/16/2020                |                                |   |           |                         |             |                 |  | belov   |   | Cha  | below)  |   |            |
| (Street)  |  |         |                          |          | 4. If Ar  | mendi                          | ment, Date o                            | f Origina | l Fileo                 | l (Month/Da | y/Year)         |  | 6. Ind<br>Line)   | ividual o   | r Joint/Group  | p Filir   | ıg (Check A   | pplicable  |
| NORTHLAKE TX 76262                                    |  |         |                          |          |   |                                |   |           |                         |             | X               | X Form filed by One Reporting Person         |   |   |  |   |   |            |
|   |  |         |                          |          |   |                                |   |           |                         |             |                 |  | Form filed by More than One Reporting<br>Person   |   |  |   |   |            |
| (City)  | (Si  | ate) (2 | Zip)                     |          |   |                                |   |           |                         |             |                 |  |   |   |  |   |   |            |
|   |  | Table   | I - No                   | n-Deriva | tive S  | ecur                           | rities Acq                              | uired,    | Dis                     | posed of    | , or B          | enef   | iciall  | y Own   | ed   |   |   |            |
| Dat   |  |         | Date<br>(Month/Day/Year) |          | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                   |                                | 3.<br>Transaction<br>Code (Instr.<br>8) |           |                         |             |                 |  | Securit<br>Benefic<br>Owned   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | n: Direct<br>or Indirect<br>nstr. 4)                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |            |
|   |  |         |                          |          |   |                                |   | Code      | v                       | Amount      | (A) (<br>(D)    | or P   | rice  |   | ed<br>ction(s)<br>3 and 4)   |   |   | (Instr. 4) |
| Common Stock 0  |  |         |                          | 07/16/   | 2020  |                                | A <sup>(1)</sup>                        |           | 29,850                  | A           |                 | \$ <mark>0</mark>                            | \$0 29,85   |   |  | D   |   |            |
|   |  | Ta      |                          |          |   |                                | ies Acqu<br>varrants,                   |           |                         |             |                 |  |   | Owne  | d  |   |   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | erivative Conversion Date Execution Date, Tra<br>ecurity or Exercise (Month/Day/Year) if any Con |         | Transac<br>Code (Ir      |          | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed | 6. Date<br>Expirati<br>(Month/ | on Da                                   |           | Amount of<br>Securities |             | De<br>Se<br>(In | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |   |            |

## Explanation of Responses:

1. Grant of restricted stock under the Farmer Bros. Co. 2017 Long-Term Incentive Plan (the "Plan"), granted on July 16, 2020 ("Grant Date"); the restricted vests pursuant to a three year vesting schedule, whereby one-third of the total number of shares vest each year on the anniversary of the Grant Date ("Vesting Dates"), subject to continued employment with the Company through each Vesting Date and the acceleration provisions of the Plan and restricted stock grant agreement.

Date

Exercisable

of (D) (Instr. 3, 4

and 5)

(A) (D)

v

Code

## Remarks:

| <u>/s/</u> | Ru | ben | Inof | uentes |
|------------|----|-----|------|--------|
|            |    |     |      |        |

Title

Expiration

Date

Amount or Number

Shares

of

07/20/2020

. Transaction(s) (Instr. 4)

\*\* 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.