1. Name and Address of Reporting Person*  
**DiSanto Lorraine**  
(C/O SEQUENTIAL BRANDS GROUP, INC.  
1407 BROADWAY, 38TH FLOOR  
NEW YORK, NY 10018)  
2. Date of Event Requiring Statement (Month/Day/Year)  
10/27/2020  
3. Issuer Name and Ticker or Trading Symbol  
Sequential Brands Group, Inc. [ SQBG ]  
4. Relationship of Reporting Person(s) to Issuer  
(Select all applicable)  
- [ ] Director  
- X 10% Owner  
- [ ] Officer (give title below)  
- [ ] Other (specify below)  
- [ ] Chief Financial Officer  
5. If Amendment, Date of Original Filed (Month/Day/Year)  
6. Individual or Joint/Group Filing  
(Select Applicable Line)  
- [ ] Form filed by One Reporting Person  
- X Form filed by More than One Reporting Person  

### Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Explanations of Responses:

No securities are beneficially owned.

/s/ Lorraine DiSanto  
11/04/2020  
**Signature of Reporting Person**

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 5 (b)(v).


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.