FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
|---------------|------------|
|---------------|------------|

| Check this box if no longer subject | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| o Section 16. Form 4 or Form 5 | | | | | | |
| obligations may continue. See | | | | | | |
| netruction 1(h) | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* BERGMAN JASON WILLIAM | | | | | | 2. Issuer Name and Ticker or Trading Symbol Yellow Corp [YELL] | | | | | | | | | k all app Direc | nship of Reporti applicable) Director Officer (give title | | rson(s) to Is 10% O Other (| wner |
|--|--|---------|---|----------|---|--|-----------------------------|---|-----------------|--|--------------------|-----------------|----------------------------------|----------------------------------|--|--|--|---|------------|
| (Last) (First) (Middle) 10990 ROE AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 | | | | | | | | X | belov Ch | , | nercia | below) | |
| (Street) OVERLA PARK | AND KS | 6 | 6211 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | . 0.00 | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | 4 and Secur Benef | | cially Following | Forn (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) ((D) | or Pri | ce | Transa | ction(s) 3 and 4) | | | (11341. 4) |
| Common Stock 03/01/2 | | | | 2022 | | | | F ⁽¹⁾ | | 17,053 | D | \$8 | 3.457 | 65,985 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expiration D (Month/Day/ | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | tive derivative ty Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Numb of Share: | | | | | | |

Explanation of Responses:

1. On February 28, 2022, 32,500 restricted shares of Mr. Bergman's Company stock, granted February 28, 2020, vested. On March 1, 2022, an automatic broker sale of 17,053 of the 32,500 newly-vested shares was effected to satisfy the tax withholding obligation triggered upon the February 28th vesting. The automatic broker sale of newly-vested shares is the Company's default process for paying tax withholding obligations triggered upon the vesting of restricted stock.

> /s/ Purvi Shah, Attorney-in-Fact for Jason W. Bergman

03/02/2022

** 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.