FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |
| 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).

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

| Name and Address of Reporting Person* WERNER THOMAS H | | | | | | 2. Issuer Name and Ticker or Trading Symbol SUNPOWER CORP [SPWR] | | | | | | | | | | Relationship of Reportin Check all applicable) X Director | | | g Person(s) to Issuer 10% Owner | |
|--|---|--|---|---|------------------------------|--|---|--------|----------------|-------------------------------|-------|---------------------------------|---------------------|----------------------------|---|---|----------------------------------|---|---------------------------------------|---|
| (Last) 51 RIO F | • | irst) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2021 | | | | | | | | | | Officer (give title below) | | | Other (s below) | specify | | |
| (Street) SAN JOSE CA 95134 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | n | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | 2A. Deemed Execution Date | | | 3. Tr Co | ransaci | tion | 4. Securit | ies Ac | quired | (A) or | 5. Amou Securitie Benefici Owned I | nt of es ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | C | ode | v | Amount | mount (A | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | | |
| Common Stock 04/27/ | | | | | | | /2021 | | | M | | 6,523 | 523 A S | | \$0.00 | 420 | 120,289 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | | | Expi | ate Exe iration nth/Day | Date | | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | e s dlly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisabl | | Expiration Date | | | Amount or Number of Shares | | Transacti (Instr. 4) | on(s) | | |
| Restricted Stock Units (RSUs) | (1) | 04/27/2021 | | | A | | 6,523 | | | (2) | | (2) | (2) Commor Stock | | 6,523 | \$0.00 | 6,523 | | D | |
| Restricted Stock Units (RSUs) | (1) | 04/27/2021 | | | M | | | 6,523 | | (2) | | (2) | Com | | 6,523 | \$0.00 | 0 | _ | D | |

Explanation of Responses:

- $1. \ Each \ RSU \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ Common \ Stock \ upon \ vesting.$
- 2. RSUs shall be fully vested on the date of grant.

Remarks:

By: Lauren Walz, as attorneyin-fact for Thomas H. Werner

04/29/2021

** 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.