

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

OMB APPROVAL	
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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* <u>FS Capital Partners VI, LLC</u> _____ (Last) (First) (Middle) C/O FREEMAN SPOGLI & CO. 11100 SANTA MONICA BLVD, SUITE 1900 _____ (Street) LOS ANGELES CA 90025 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/03/2021	3. Issuer Name and Ticker or Trading Symbol <u>Arhaus, Inc.</u> [ARHS]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

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)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	30,524,202	I	By FS Equity Partners VI, L.P. and FS Affiliates VI, L.P. ⁽¹⁾⁽²⁾

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

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

1. Name and Address of Reporting Person* <u>FS Capital Partners VI, LLC</u> _____ (Last) (First) (Middle) C/O FREEMAN SPOGLI & CO. 11100 SANTA MONICA BLVD, SUITE 1900 _____ (Street) LOS ANGELES CA 90025 _____ (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>FS Equity Partners VI, L.P.</u> _____ (Last) (First) (Middle) C/O FREEMAN SPOGLI & CO. 11100 SANTA MONICA BLVD., SUITE 1900 _____ (Street) LOS ANGELES CA 90025 _____ (City) (State) (Zip)
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(City)

(State)

(Zip)

Explanation of Responses:

1. FS Capital Partners VI, LLC, ("FS Capital") is the general partner of FS Equity Partners VI, L.P. ("FS Equity") and FS Affiliates VI, L.P. ("FS Affiliates" and, together with FS Equity, the "FS Funds"), the record holders of 29,280,391 and 1,243,811 shares of the Issuer's Class A common stock, respectively, and has the sole power to vote and dispose of the shares of the Issuer's common stock owned by the FS Funds. Each of Messrs. Brad J. Brutocao, Bradford M. Freeman, Benjamin D. Geiger, Todd W. Halloran, John S. Hwang, Christian B. Johnson, Jon D. Ralph, John M. Roth, J. Frederick Simmons, and Ronald P. Spogli is a managing member of FS Capital Partners VI, LLC, the general partner of FS Equity Partners VI, L.P. and FS Affiliates VI, L.P., and as such, may be deemed to have voting and/or dispositive control over the Freeman Spogli Funds.

2. (Continued from footnote 1) Messrs. Brad J. Brutocao, Bradford M. Freeman, Benjamin D. Geiger, Todd W. Halloran, John S. Hwang, Christian B. Johnson, Jon D. Ralph, John M. Roth, J. Frederick Simmons, and Ronald P. Spogli each disclaims beneficial ownership in the shares of the Issuer's Class A common stock except to the extent of his pecuniary interest in them.

Remarks:

/s/ Brad Brutocao

11/04/2021

** 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 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.