FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|---|---------|--|---|------------|--|---|-----------------|---------------|--------------|--|--|--|---|--|--|--------------|--|
| Maruyama Y | Yoshikazu | ı | | | Ur | iited | d Park | ks & Res | sort | ts In | e. [I | PRF | KS] | | | | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | X_ Director | | | | | | |
| | | | | | | | | | | | | | | | Officer (give title below) Other (specify below) | | | | | |
| C/O UNITE | | | | | | | | 8/1 1 | 1/2(|)25 | | | | | | | | | | |
| INC., 6240 S | EA HAR | BOR D | RIVE | | | | | | | | | | | | | | | | | |
| | (Stree | et) | | | 4. I | fAn | nendme | nt, Date O | rigir | nal Fil | ed (M | M/DI | O/YYY | YY) | 6. Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) | |
| ORLANDO, FL 32821 | | | | | | | | | | | | | X_Form filed by One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| 1 T'4 f C 't- | | | | | | | | rities Acc | | - | | | | | neficially Owne | | 11 0 1 | 6. | 7. Nature | |
| 1. Title of Security (Instr. 3) | | | 2. Trans. | Date | Execution Date, if any | | (Instr. 8) | ae | or Dis | Disposed of (D) | | | ´ : | Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4) | | | Ownership of Form: | | | |
| | | | | | | | | Code | V | Amou | | A) or (D) | Pri | ce | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock | | | | 8/11/20 |)25 | | | A | | 617 | <u>(1)</u> | A | 5 | 80 | | | 47,741 | D | | |
| | Tab | le II - Dei | rivative | Securi | ties] | Bene | eficially | Owned (| e.g., | puts, | calls, | , wa | rran | ts, | options, conver | tible secu | ırities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | | Γrans. str. 8) | Acquir Dispos | | er of ve Securities I (A) or I of (D) 4 and 5) | 6. Date Exercisable and Expiration Date | | | , | | | derlying Derivative security Security | | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | v | (A) | (D) | Date Exe | e rcisable | Expir Date | ation | Title | | mount or Number of ares | | Reported Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

(1) Granted under the Issuers 2025 Omnibus Incentive Plan and vests 100% on the day before the 2026 Annual Meeting of Stockholders of the Issuer.

Reporting Owners

| Reporting Owners | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Maruyama Yoshikazu C/O UNITED PARKS & RESORTS INC. 6240 SEA HARBOR DRIVE ORLANDO, FL 32821 | X | | | | | | |

Signatures

/s/ Dan Bollinger, Power of Attorney

Signature of Reporting Person

**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 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 control number.