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

☐ 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.

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response... 0.5

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. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer						
												_		(Check all app	licable)			
Giroux Roland A Acushnet Holdings Cor										rp. [GOLF]		D .		100/		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner					
														X_ Officer (give title below) Other (specify below)				
C/O ACUSHNET HOLDINGS					9/19/2025								See Remarks					
CORP., 333 1	BRIDGE	STREE	T															
,	(Stree				4. I	f Am	endme	nt, Date C	rigi	nal File	ed (MM/D	D/YYY	YY)	6. Individual o	r Joint/Gi	oup Filing	Check Appl	icable Line)
									Ü							1 0		ŕ
FAIRHAVEN, MA 02719											X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(C	ity) (Stat	te) (Zip	o)											Form filed by	More than C	ne Reporting P	erson	
			Table	I - Non	-Der	ivati	ve Seci	urities Ac	quir	ed, Di	sposed o	f, or	Ben	eficially Owne	d			
1.Title of Security 2. Trans. D						3. Trans. Co	de					5. Amount of Securities Beneficially Owned 6.				7. Nature		
(Instr. 3)			Execution (Date, if any			(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)							Ownership Form:	of Indirect Beneficial		
						,				(,		(-				Direct (D)	Ownership
											(A) or						or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amou	/	Pric	ce				4)	
Common Stock 9/19/202				25			A		156.11	(<u>1</u>) A	\$74.	48			61,728.245	D		
	Tabl	le II - Der	ivative	Securi	ties !	Bene	ficially	Owned (e.g.,	puts,	calls, wa	rran	ts, o	ptions, conver	tible secu	rities)		
1. Title of Derivate	2.	3. Trans.	3A. Dee			Code	5. Numb			Date Exe						9. Number of	10.	11. Nature
Security (Instr. 3)	Conversion or Exercise Price of		str. 8)	Derivative Securities and Expiration Date Securities Under Securities Acquired (A) or Derivative							Derivative Security	derivative Securities	Ownership Form of	of Indirect Beneficial				
(,			Disposed of (D) (Instr. 3, 4 and 5)						(Instr. 3 and 4)		(Instr. 5)	Beneficially Owned	Derivative	Ownership	
Derivative Security					(Instr. 3,		4 and 5)									Security: Direct (D)	(Instr. 4)	
									Dat	te	Expiration		Amo	ount or Number of		Reported	or Indirect	
				(Code	V	(A)	(D)		ercisable		Title	Shar			Transaction(s) (Instr. 4)	(1) (Instr. 4)	
-	•	•		•			-	_					•					

Explanation of Responses:

(1) Represents dividend equivalent rights in connection with the Issuer's quarterly dividend and accrued to the Reporting Person on restricted and performance stock units under the Issuer's deferred compensation plan.

Remarks:

Title: Executive Vice President, Chief Legal Officer and Corporate Secretary

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner		Other			
Giroux Roland A							
C/O ACUSHNET HOLDINGS CORP.			Caa Damanka				
333 BRIDGE STREET			See Kemarks				
FAIRHAVEN, MA 02719							

Signatures

/s/ Chad M. Van Ess, as attorney-in-fact

9/23/2025

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.