FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| | PROVAL | | | | | | | | | | |
|--|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235- | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| | hours per respons | e 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* Stanford Geoffrey C | | | | 2. Issuer Name and Ticker or Trading Symbol KLX Energy Services Holdings, Inc. [KLXE] | | | | | | | | | Chec | ationship of Report (all applicable) Director Officer (give title | | 10% C | | vner | |
|---|--|--|--------|---|--|--|---|--|---------------------|-------------------------------------|--|--------------------------|--------------------------------------|---|--|--|--|--|------------|
| (Last) 3040 PO | (First) (Middle) POST OAK BOULEVARD, 15TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2023 | | | | | | | | | X | below) | | below) emarks | | |
| (Street) HOUSTON TX 77056 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | X Form filed by One Reporting Person | | | | | | |
| (City) | (St | ate) (. | Zip) | | Rul | e 10 | Form filed by More than One Repor Person Ob5-1(c) Transaction Indication | | | | | | | | | orting | | | |
| | | | | | 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. | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Executy/Year) if any | | Deemed cution Date, y uth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | , 4 and Sec Ber Ow | | Amount of curities neficially vned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | :e | Report Transa (Instr. 3 | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common stock 11/29/2 | | | | | 2023 | | A | | 8,000(1) | | \$9 | 9.42 2 | | 25,195 | | 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) | if any | med 4. Transa Code (Day/Year) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4) | | Der Sec (Ins | Price of rrivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

1. Grant of restricted stock vesting in two annual equal installments beginning on March 1, 2025.

Remarks:

Senior Vice President and Chief Accounting Officer

/s/ Max L. Bouthillette, attorney-in-fact

11/29/2023

** 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.