FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

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)

	tion 1(b).	uc. occ		Filed			Section 16(a) 30(h) of the Ir						34		nours	s per r	esponse:	0.5
1. Name and Address of Reporting Person* RW VC S.a.r.l.						2. Issuer Name and Ticker or Trading Symbol Vita Coco Company, Inc. [COCO]								neck all app Dired	olicable) ctor	2	erson(s) to Is	wner
(Last) (First) (Middle) 11 AVENUE DE LA PORTE-NEUVE				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2021									Offic below	er (give title w)		Other (below)	specify	
(Street) LUXEMBOURG N4 2227 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) X Forn Forn				
		Table	I - No	n-Deriva	tive S	Secu	rities Acq	uired,	, Dis	posed of	, o	r Ben	eficia	ılly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution ay/Year) if any		ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 5)			d Secur Benef Owner	5. Amount of Securities Beneficially Owned Following		m: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 10/25/2					:021		S		5,760,000		D	\$1	3,5	76,894		D		
		Tal					ties Acqu warrants,								d			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirat (Month	ion Da			mount of ecurities nderlying erivative ecurity (I	f	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Remarks:

By: /s/ Yolanda Goettsch, Attorney-in-Fact

Number

Shares

Title

10/25/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Date

Exercisable

(D)

Expiration

Date

Code

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.

^{*} 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).