

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**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>Cohen Ryan</u> <hr/> (Last) (First) (Middle) PO BOX 25250 PMB 30427 <hr/> (Street) MIAMI FL 33102 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/21/2022	3. Issuer Name and Ticker or Trading Symbol <u>BED BATH &amp; BEYOND INC [ BBBY ]</u>	
		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) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) 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)
Common Stock, \$.01 par value <sup>(1)</sup>	7,780,000	I	By RC Ventures LLC <sup>(2)</sup>

**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			
American-Style Call Option <sup>(1)</sup>	(3)	01/20/2023	Common Stock, \$.01 par value	1,125,700	60	I	By RC Ventures LLC <sup>(2)</sup>
American-Style Call Option <sup>(1)</sup>	(3)	01/20/2023	Common Stock, \$.01 par value	44,400	75	I	By RC Ventures LLC <sup>(2)</sup>
American-Style Call Option <sup>(1)</sup>	(3)	01/20/2023	Common Stock, \$.01 par value	500,000	80	I	By RC Ventures LLC <sup>(2)</sup>

1. Name and Address of Reporting Person* <u>Cohen Ryan</u> <hr/> (Last) (First) (Middle) PO BOX 25250 PMB 30427 <hr/> (Street) MIAMI FL 33102 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>RC Ventures LLC</u> <hr/> (Last) (First) (Middle) PO BOX 25250 PMB 30427 <hr/> (City) (State) (Zip)
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(Street)	MIAMI	FL	33102
(City)	(State)	(Zip)	

**Explanation of Responses:**

1. This Form 3 is filed jointly by RC Ventures LLC ("RC Ventures") and Ryan Cohen ("Mr. Cohen" and together with RC Ventures, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively beneficially owns more than 10% of the Issuer's outstanding shares of Common Stock. Each Reporting Person disclaims beneficial ownership of the securities of the Issuer reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
2. Securities of the Issuer owned directly by RC Ventures. Mr. Cohen, as the Manager of RC Ventures, may be deemed to beneficially own the securities of the Issuer which are owned directly by RC Ventures.
3. The American-style call options are currently exercisable.

/s/ Ryan Cohen 08/15/2022

RC Ventures LLC, By: /s/  
Ryan Cohen, Manager 08/15/2022

\*\* 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.**