FORM 4

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

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 L Brands, Inc. [LB]								tionship of Reporting Person(s) to Issuer all applicable)			
Hondal Francis				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1				2	C Direc	tor	10%	Owner	
(Last) THREE	(Last) (First) (Middle) THREE LIMITED PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021								Officer (give title below)		r (specify /)
				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	eet) DLUMBUS OH 43230										2	-	filed by Mor	e Reporting Pe re than One R	
(City)	(St	tate) (Zip)									Feist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Table	e I - No	n-Deriva	tive S	Securities Ac	quired	. Dis	posed of	or Be	neficia	lv Own	ed		
							•	,				.,	cu		
1. Title of S	Security (Ins			2. Transacti Date (Month/Day	ion	2A. Deemed Execution Date, if any (Month/Day/Year	3. Transa Code	action	4. Securities Disposed Of 5)	Acquire	l (A) or	5. Amo Securi Benefi Owneo	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership
1. Title of S	Security (Ins			2. Transacti Date	ion	2A. Deemed Execution Date, if any	3. Transa Code (action	4. Securities Disposed Of	Acquire	l (A) or	5. Amo Securi Benefi Owneo Report Transa	ount of ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial
				2. Transacti Date	ion /Year)	2A. Deemed Execution Date, if any	3. Transa Code 8)	action (Instr.	4. Securities Disposed Of 5)	Acquired f (D) (Insti	d (A) or . 3, 4 and	5. Amo Securi Benefi Owneo Report Transa (Instr.	ount of ties cially I Following red action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
		tr. 3) 50 par value		2. Transacti Date (Month/Day) 03/16/20 Derivativ	ion /Year) 021 ve Se	2A. Deemed Execution Date, if any	3. Transa Code 8) Code A uired,	v Disp	4. Securities Disposed Of 5) Amount 332 osed of, (Acquired f (D) (Insti (A) or (D) A Dr Ben	A (A) or . 3, 4 and Price \$0.000 eficially	5. Amo Securi Benefi Owneo Report Transa (Instr.)	ount of ties cially I Following red cction(s) 3 and 4) 332	Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect Beneficial Ownership

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares					

Explanation of Responses:

Robert J. Tannous, Attorney-03/18/2021 in-Fact

** 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.