FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

						70011	0(11) 0				Inpany Act C	71 10-10							
1. Name ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol Topgolf Callaway Brands Corp. [ MODG ]										k all app	nship of Reporting Person(s) to Issuer applicable)							
(Last)							3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Director Officer (give title below)		)		(specify
2180 RU	THERFOR	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) CARLSBAD CA 92008															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	Rule	Rule 10b5-1(c) Transaction Indication																	
	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 - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	, or E	Benefi	ciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					/Year)	eemed ition D h/Day/	ate,	3. Transaction Code (Instr. 8)  4. Securitie Disposed Code (Society)			es Acqu Of (D) (I	iired (A) nstr. 3, 4	or 5. Amo Securit Benefic Owned Followi		ies cially	Forn (D) c	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	(A) (D)	or Pric	e	Reporte Transa (Instr. 3	ction(s)	Ì.		` ,					
Common Stock 06/15/20						)23			A		1,391(1)	A	\$0	.00	94,738			D	
Common Stock															100,000			I	By Raynham I LLC <sup>(2)</sup>
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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any				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		Dei Sei (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
			Code	v	(A) (D)				Expiration Date	Title	Amoun or Numbe of Shares	per							

## Explanation of Responses:

- 1. The shares were issued in lieu of the cash retainer otherwise payable to the reporting person under the issuers non-employee director compensation program for the quarter ending June 30, 2023.
- 2. Represents shares of common stock held by Raynham I LLC. The Reporting Person and his spouse are the sole member of Raynham I LLC.

## Remarks:

/s/ Clinton Foss Attorney-in-Fact for Adebayo O. Ogunlesi under a Limited Power of 06/15/2023 Attorney dated December 9, 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 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.