## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	washington, D.C. 2004	13
STATEMENT (	OF CHANGES IN BEN	IEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																			
1. Name and Address of Reporting Person*  Epstein Jeff						2. Issuer Name <b>and</b> Ticker or Trading Symbol Couchbase, Inc. [ BASE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner						
(Last)	(F UCHBASE					3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024										(give title			· I	
3250 OLCOTT STREET					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SANTA CLARA CA 95054												Form filed by One Reporting Person  Form filed by More than One Reporting  Person								
(City)	(S	tate)	(Zip)																	
		Tab	ole I - I	Non-Der	ivativ	e Sec	curit	ties A	cquire	ed, D	isposed o	f, or B	eneficia	lly (	Owned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/You				Execution Date,		Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and 5			5. Amou Securiti Benefic Owned Reporte	es ially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Trai		saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock 11/19/202				2024	4			M		32,343	A	\$5.1	\$5.15		0,370		D			
Common Stock 11/19/202			2024	24		S		32,343(1)	D	\$20.084	20.0842(2)		28,027		D					
		•	Table								sposed of, , convertil				wned					
Derivative Conversion Date Security or Exercise (Month/Day/Year)		Execut	xecution Date, any		1. Fransaction Code (Instr. 3)		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)		De	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares							
Stock Option (right to buy)	\$5.15	11/19/2024			М			32,343	(1	3)	06/07/2025	Commor Stock	32,34	3	\$0	61,623	3	D		

## Explanation of Responses:

- 1. The sale reported on this Form 4 represents shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 3/11/2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.0000 to \$20.2100, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The option is fully vested and immediately exercisable.

## Remarks:

/s/ Margaret Chow, by Power of 11/21/2024 Attorney for Jeff Epstein

\*\* 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.