FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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

Name and Address of Reporting Person* Antar Alvina					2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [BASE]								(Ch	eck all app Direct	onship of Reporting I Il applicable) Director		rson(s) to Is		
(Last)	(Fir	st) (N	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024								Office below	r (give title		Other (s below)	pecify
C/O COUCHBASE, INC. 3250 OLCOTT STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	i. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person				·	
(Street) SANTA CLARA	CA	9	5054		Dul	10 10)h5_	1(c)	Trans		ion Indi	icati	on		Form Perso		re thar	n One Repo	orting
(City)	(Sta	ate) (Z	ľip)		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 - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if an	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitic Disposed (5)		es Acquired (A Of (D) (Instr. 3,		A) or 3, 4 and	d Securit Benefic	rities Fricially (I d Following (I		r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			.msu. 4)
Common Stock 05/30/2					2024			A		6,494(1)	6,494 ⁽¹⁾ A		\$ <mark>0</mark>	37,668			D		
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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		n Date,	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)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar	ber					

Explanation of Responses:

1. This represents an award of restricted stock units to the Issuer's non-employee director. Each unit represents a contingent right to receive one share of the Issuer's common stock upon vesting. One hundred percent (100%) of the restricted stock units will, subject to the Reporting Person's continued service with the Issuer through such vesting date, vest on the earlier of (i) the one-year anniversary of the date the annual award is granted or (ii) the day prior to the date of the Annual Meeting next following the date the annual award is granted.

Remarks:

/s/ Margaret Chow, by Power of Attorney for Alvina Antar

06/03/2024

** 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.