FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington.	$D \subset$	20540	
/asnington.	D.C.	20549	

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

OMB APPROVAL									
11	OMB Number: 3235-0287								
Estimated a	Estimated average burden								
hours per re	esponse:	0.5							

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* <u>Epstein Jeff</u>				2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [ BASE ]							(CI	neck all app	tionship of Reporting I all applicable) Director		rson(s) to Is 10% Ov				
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024								Office below	er (give title v)		Other (s below)	pecify		
C/O COUCHBASE, INC. 3250 OLCOTT STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	e)	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person			·				
(Street) SANTA CLARA	CA	. 9	5054		Rul	Rule 10b5-1(c) Transaction Indication						Form filed by More than One Reporting Person							
(City)	(Sta	ate) (Z	Zip)		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 l	Bene	eficia	ally Own	ed			
Date			2. Transac Date (Month/Da	Execution Da		cution Date,		3. 4. Securitie Disposed Code (Instr. 8)		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 ar	nd Securit Benefic Owned	ties cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V A		Amount	(A)	(A) or (D) Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common Stock 05/			05/30/2	2024			Α		6,494(1)	) A		\$ <mark>0</mark>	28	28,027		D			
		Tal									osed of, onvertib					d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	Transaction of		Expiration Date (Month/Day/Year) S			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	nber					

## **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 was, subject to the Reporting Person's continued service with the Issuer through such vesting date, scheduled to 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, but settlement has been deferred under our non-employee director RSU deferral program.

## Remarks:

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

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.