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. <i>See</i> Instruction 1(b).
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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 [*] Christensen Lynn M					2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [BASE]									(Ch	5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% Ov				
(Last)	(Fir	rst) (M	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023											er (give title		Other (s below)			
C/O COUCHBASE, INC. 3250 OLCOTT STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SANTA														Form filed by More than One Reporting Person					
CLARA	A CA 95054					Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					y/Year) Execu		Deemed sution Date, y hth/Day/Year)					es Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	cially 1	6. Own Form: (D) or Indirec (Instr.	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V Amount		(/ (I	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				. ,	
Common Stock 06/01/2					2023			A		9,874(1	¹⁾ A \$0) 23,948		I	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		tion 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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		, C S J (. Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di oi (1)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Numbe of Title Shares						

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:

<u>/s/ Margaret Chow, by Power</u> of Attorney for Lynn M. 06/05/2023

<u>Christensen</u>

** 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.