FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response	: 0.5								

	Check this box if no longer subject
$\neg$	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(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Migon Aleksander J					2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [ BASE ]									(Ch	eck all a <sub>l</sub>	nip of Report oplicable) ector		10% O\	vner
(Last)	(Fir	rst) (M	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									Offi belo	cer (give title ow)		Other (s	specify
C/O COUCHBASE, INC. 3250 OLCOTT STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) SANTA CLARA	CA	<b>A</b> 9	5054		Dula	<u> </u>	)h5.	.1(c)	Trans	220	tion Ind	licat	tion		For Per	m filed by Mo son	ore thar	n One Rep	orting
(City)	(St	ate) (Z	Zip)		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.										ended to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if any	Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed and 5)						Secu Bene Own Follo	ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A (I	A) or D)	Price		rted saction(s) : 3 and 4)					
Common Stock 06/01/20					2023			A		9,874(1	)	A	\$ <mark>0</mark>		24,174		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)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		j	3. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nun of	ount nber ires					

## 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:

<u>/s/ Margaret Chow, by Power</u> of Attorney for Aleksander J. 06/05/2023 <u>Migon</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.