FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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-

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(0). 0	ee instruction i	···																	
Name and Address of Reporting Person* Cain Matthew M				2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [BASE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Cam Matthew M				[]									✓ Dire	ctor		10% O	wner		
															er (give title		Other (s	specify	
(Last)	(Fir	st) (N	∕liddle)		Date of Earliest Transaction (Month/Day/Year)									— below)					
C/O COUCHBASE, INC.					09/16/2024									Chair, President, and CEO					
3250 OLCOTT STREET																			
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
SANTA		0	5054												/	n filed by On	e Rer	orting Pers	on
CLARA	CA	A 9	5054												Forr	Form filed by More than One Report Person			
(City)	(St	ate) (2	Zip)												Pers	SON			
(Oity)	(00	(2	-iP)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Ben	efici	ally Owi	ned			
1. Title of	Security (Inst	r. 3)		2. Transac	tion		Deeme		3.		4. Securitie					ount of			7. Nature
Date (Month/Day					y/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				3, 4 aı	Bene	rities ficially d Following	(D) (Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
					(Mon		ntn/Day/Tear)		8)		<u> </u>			Repo	ted) (IIISU. 4)	(Instr. 4)	
									Code	٧	Amount	(A) or (D)		Price		action(s) 3 and 4)			
Common	Stock			09/16/2	/2024						32,968(1))	D	\$14	.4 7	743,469		D	
		Tal	ole II -	Derivati	ve Se	curit	ties A	7can	ired. I	Disp	osed of, o	or B	enef	icial	lv Owne	ed			
		141									onvertib								
1. Title of	2.	3. Transaction		A. Deemed			5. Number							8. Price of			10.	11. Nature	
Derivative Conversion Security or Exercise		Date (Month/Day/Year)	Executi if any	ion Date,	Transaction Code (Instr.		of Derivative		Expiration Date Amount (Month/Day/Year) Securiti					Derivative Security		Ownersh Form:	Ownership Form:	p of Indirect Beneficial	
(Instr. 3)	(Instr. 3) Price of (Month			/Day/Year)	8)		Securities		Underlying					(Instr. 5)	Beneficiall	ly	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Derivative Security							Acquired (A) or		Derivative Security (Ins						Owned Following				
						Disposed		3 and 4) `						Reported Transaction(s) (Instr. 4)		1,,,			
						of (D) (Instr. 3, 4		1											
						and 5)		5)	<u> </u>										
														ount					
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					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Sha	res					
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Explanation of Responses:

1. Shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of restricted stock units. The sale was to satisfy tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary transaction by the Reporting Person.

Remarks:

/s/ Margaret Chow, by Power 09/18/2024 of Attorney for Matthew M. Cain

** 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.