FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average I	ourden								
-	houre 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).

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*  Henry Gregory N						2. Issuer Name <b>and</b> Ticker or Trading Symbol Couchbase, Inc. [BASE]									all app	ionship of Reporting all applicable) Director		10% Ov	wner
(Last)	(Fir	,	Midd	lle)	3. Date of Earliest Transaction (Month/Day/Year) 03/21/2024						X	belov	Officer (give title below) SVP & Chief F		Other (s below)	·			
3250 OLCOTT STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicabl Line)  X Form filed by One Reporting Person					
(Street) SANTA CLARA	SANTA CA 95054					Form filed by One Reporting Person  Form filed by More than One Reporting Person													
	/01		<b></b> -		Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (Z	Zip)		X 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.									nded to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transaction Date (Month/Day/Ye	ar) E	2A. Deemed Execution Da if any (Month/Day/)		Date, Trans		4. Securities Ac Disposed Of (D e (Instr.			cquired (A) or ) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		: Direct	7. Nature of Indirect Beneficial Ownership	
								G	Code V		Amount	(A) or (D)	Price		Transa	orted (Innsaction(s) tr. 3 and 4)		nstr. 4)	(Instr. 4)
Common	Stock			03/21/202	4				S		18,747 <sup>(1)</sup>	D	\$27.830	69 <sup>(2)</sup>	330,652			I	The Henry Family Trust
Common	Stock														11	2,194		D	
		Tal	ble	II - Derivati (e.g., pu							sposed of , converti				)wne	d			
1. Title of 2. 3. Transaction Darivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				4. Transa	Transaction of Code (Instr. Derivat		rative rities rired r osed )	Expiratio ive ies ed		ercisable and Date	7. Tit Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr.	8. P Deri Sec		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, D 0 (I	0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
	Code		Code	v	(A)	(D)	Dat	te ercisabl	Expiration	n Title	Amount or Number of Shares								

## Explanation of Responses:

- 1. The sale reported on this Form 4 represents shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 10/3/2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$27.3900 to \$28.4200, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Margaret Chow, by Power of Attorney for Gregory N. 03/2. Henry

\*\* Signature of Reporting Person

03/25/2024

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.