FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Inaterial 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	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* 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)						
Calli IV	lattiicw iv	<u>T</u>			1				-	•					X Dire	ctor		10% Ov	vner
(Last)	(Fir	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024								A belo	,		Other (s	specify		
C/O COUCHBASE, INC.				1										C	nair, Presid	lent, a	and CEO		
3250 OLCOTT STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)					1										X Forr	n filed by On	e Rep	orting Perso	on
SANTA CLARA	CA	Λ 9	5054													Form filed by More than One Reporting Person			
					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (2	Zip)		```	ale 1000 1(0) Halloaction indication													
(Oity)	(00	Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or	Ben	eficia	ally Owi	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			nd Secur Bene	icially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	nount (A)		Price	Trans	action(s) 3 and 4)			(Instr. 4)	
Common Stock 02/28/2						2024			A		203,855((1)	A	\$(8	836,973		D	
Common Stock 02/28/2					2024			A		74,129(2	2) A		\$() 9	911,102		D		
		Tal	ble II -								osed of,					d			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le s	ecur	ities)				
1. Title of Derivative Security (Instr. 3) 2. Conversion Date Of Date (Month/Day/Year) (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispe	r osed) r. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f 9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	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 Nur of	ount mber ares					

Explanation of Responses:

- 1. 1/8th of the RSUs will vest on each quarterly vesting date that occurs after March 15, 2024, subject to the Reporting Person's continued service to the Company. Quarterly vesting dates will fall on March 15th, June 15th, September 15th and December 15th.
- 2. 1/4th of the RSUs will vest on each quarterly vesting date that occurs after March 15, 2026, subject to the Reporting Person's continued service to the Company. Quarterly vesting dates will fall on March 15th, June 15th, September 15th and December 15th.

Remarks:

/s/ Margaret Chow, by Power of Attorney for Matthew M. 03/01/2024 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.