FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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Estimated average burden									
hours per response:	0.5								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     Carpenter Carol W.						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Couchbase, Inc.</u> [ BASE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Carpenter Caror vv.														4	X Dire	ctor		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									Offic belo	cer (give title w)		Other (s below)	specify	
C/O COUCHBASE, INC.					Δ If Δr	4. If Amondment, Data of Original Filed (Month/Day/Moss)									6. Individual or Joint/Group Filing (Check Applicable					
3250 OLCOTT STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Line)						
															X Form filed by One Reporting Person					
(Street)														Form filed by More than One Reporting Person						
CLARA 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	l - No	n-Deriva	tive Se	ecui	rities	Acq	uired, I	Disp	osed of	f, or	Ben	eficia	lly Ow	ned				
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 Owne 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	(1	A) or D)	Price		rted action(s) 3 and 4)					
Common Stock 06/01/2						2023			A		9,874(1	)	Α	\$0		21,533		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction			4.		1								3. Price of	9. Number	of .	10.	11. Nature	
1. Iffice of Derivative Security (Instr. 3)	tive Conversion Date by or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f   1 3 1	S. Price of Derivative Security (Instr. 5)		Ownersh Form: y Direct (D or Indire (I) (Instr.	Ownership	of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber ıres						

## **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:

/s/ Margaret Chow, by Power 06/05/2023 of Attorney for Carol W.

**Carpenter** \*\* Signature of Reporting Person

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.