FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	5	,				

OMB APP	OMB APPROVAL										
OMB Number:	3235-0287										
Estimated average burden											
hours per response	e: 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-

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																		
Name and Address of Reporting Person*     Original Marketing Person*					2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [ BASE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Cain Matthew M</u>						101101	<u>450,                                     </u>	<u></u>	L Di Io.	_ ]				1	Direc	tor		10% O	wner
														1	Office	er (give title		Other (s	specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Chair, President, ar				,	
C/O COUCHBASE, INC.					12/1	12/16/2024										, 110010	, .	and obo	
3250 OL	COTT STR	REET																	
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
SANTA			50 5 4											Line)	Form	filed by One	e Ren	ortina Pers	nn
CLARA	CLARA CA 95054													Form filed by One Reporting Person  Form filed by More than One Reporting					
-															Perso	on ´		·	Ĭ
(City)	(Sta	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or E	Benefic	cially	own	ed			
1. Title of Security (Instr. 3) 2. Transact								4. Securities Acquired (A						6. Ownership		7. Nature			
Date (Month				Date (Month/Da	Day/Year) if any		cution Date, ly nth/Day/Year)		Code (Instr. 5)			Of (D) (Instr. 3,		Benef			(D) o	r Indirect	of Indirect Beneficial Ownership
				<del> </del>					\ <u>'</u>		(A)	or D.		Reported Transaction(s)		''		(Instr. 4)	
									Code	v	Amount	(A) (D)	Or Pri	ce		3 and 4)			
Common Stock 12/16/2					2024				F		34,139(1)	1	)   \$1	15.3	66	4,249		D	
		Tal	ole II -	Derivati	ve Se	curit	ies A	Acau	ired. [	Disp	osed of, o	or Be	nefici	ally (	Owne	d	,		
											onvertib								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any		ion Date, Trans		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D)		rative rities ired r osed	Expiration D (Month/Day/\)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							(Instr. 3, 4 and 5)									(Instr. 4)			
			Code	v	(A)	(D)	Date Expiration			Title	Amoun or Number of Shares								

## **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 of Attorney for Matthew M. 12/18 Cain

12/18/2024

Date

\*\* 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.