SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

Estimated average burden hours per response: 0.5

	tisfy the affirmative tions of Rule 10b5- ruction 10.								
1. Name and Add <u>Migon Ale</u> l	Iress of Reporting I csander J	Person [*]	2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [BASE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Lost) (Eirst) (Middlo)				Officer (give title Other (specify					
(Last) (First) (Middle) C/O COUCHBASE, INC. 3250 OLCOTT STREET (Street) SANTA CLARA CA 95054		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024	below) below)					
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable					
		95054		Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any	3. Transa Code (8)					Securities Beneficially	Form: Direct (D) or Indirect	Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	12/16/2024		A		603(1)	Α	\$ <mark>0</mark>	34,291	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1			(e.g., pt	113, 00	ano, 1	vante	anto,	options, c	onvertib	10 30	cunties)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	of Expirat		Expiration Date (Month/Day/Year) curities cquired) or sposed (D) str. 3, 4		n Date Amount of		Amount of Securities Security S Underlying Instr. 5) E Security (Instr. 5) E Security (Instr. 5) E Security (Instr. 6 3 and 4) T		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

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 was scheduled to vest on December 16, 2024, the vesting commencement date, but settlement has been deferred under our non-employee director RSU deferral program.

Remarks:

<u>/s/ Margaret Chow, by Power</u> of Attorney for Aleksander J. <u>12/18/2024</u> <u>Migon</u>

** 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.