FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, | .C. 20549 | |
|-------------|-----------|--|
|-------------|-----------|--|

OMB APPROVAL 3235-0287 Estimated average burden hours 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).

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 10b5-1(c). See Instruction 10.

Malhotra Satish

1. Title of Security (Instr. 3)

Series 1 Common Stock

(Last)

(Street) **AUSTIN**

(City)

1. Name and Address of Reporting Person*

(First)

TX

(State)

C/O BIGCOMMERCE HOLDINGS, INC 11305 FOUR POINTS DR, BLDG II, SUITE

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

| Person* | | er Name and Ticke Commerce Ho | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|----------------------|---------------------------------------|---|-----------|-----------------|-----------------------------------|------------------|---|---|---|------------|--|--|
| | <u>Digs</u> | <u>Johnneree III</u> | <u> </u> | <u>, , 11</u> | <u>.ic.</u> [Dio | ر ح | J | Director | 10% (| Owner | | |
| (Middle) DINGS, INC. | 11/21 | e of Earliest Transa /2024 | ection (M | lonth/l | Day/Year) | | Officer (give title below) | specify | | | | |
| LDG II, SUITE 1 | 4. If Ar | mendment, Date of | Origina | l Filed | (Month/Day | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| 78726 | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Zip) | | | | | | | | | | | | |
| Table I - Non-D | Derivative S | ecurities Acqu | uired, | Disp | osed of, | or Bei | neficially | / Owned | | | | |
| Dat | Transaction ate lonth/Day/Year) | Execution Date, | | ction Instr. | 4. Securities Disposed O 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| | 11/21/2024 | | A | | 1,857 | Α | \$0.00 | 71,052 | D | | | |

(e.g., puts, calls, warrants, options, convertible securities)

| Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 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:

Remarks:

/s/ Chuck Cassidy, Attorneyin-Fact for Satish Malhotra

11/25/2024

** 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.