FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 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).

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

| 1. Name and Address of Reporting Person* <u>Klein Russell Scott</u> | | | | 2. Issuer Name and Ticker or Trading Symbol BigCommerce Holdings, Inc. [BIGC] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|---|--|---------|--------------|--|---|--|--|---|--|--------------------|--|--|---|---|--|---|--------------------------------------|---|--|
| (Last) 11305 FC | (Fir | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/21/2024 | | | | | | | | | | A belov | | | below) | вреспу |
| BUILDING II, SUITE 100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicat Line) | | | | | |
| (Street) AUSTIN | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or writte satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | ten pla | an that is inter | nded to | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transac Date (Month/Da | Execut ay/Year) if any | | Deemed cution Date, y nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | d Securi Benefi | cially I Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Code | v | Amount | | | | | (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (111511. 4) | | | |
| Common Stock 03/2 | | | | | /2024 | | | | F | | 6,655 | Ι |) | \$7.4 | 446,885 | | | D | |
| Common Stock 03/21 | | | | 03/21/2 | /2024 | | | | F | | 11,353 | Ι |) | \$7.4 | 5 43 | 35,532 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | ion Date, | | Transaction of Code (Instr. Derivati | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A) (D) | | (D) | Date Expir Exercisable Date | | Expiration Date | Title | or Nun of Sha | - 1 | | | | | | |

Explanation of Responses:

Remarks:

/s/ Chuck Cassidy, Attorneyin-Fact for Russell Scott Klein

03/25/2024

** 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.