FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response: | | | | | | | | | | | |

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

| | tion 1(b). | iuc. See | | Filed | | | | | | | es Exchang npany Act o | | 1934 | | | nours | per re | esponse: | 0.5 |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------------|----------------------------------------|---------------------------------------------------|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| Name and Address of Reporting Person* Gilligan Sarah | | | | 2. Issuer Name and Ticker or Trading Symbol BigCommerce Holdings, Inc. [BIGC] | | | | | | | | | ationship k all app Direc | | ng Pei | rson(s) to Is | | | |
| (Last) (First) (Middle) 11305 FOUR POINTS DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2022 | | | | | | | \neg | | Officer (give title below) | | Other (s below) | | specify | |
| BUILDING II, THIRD FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) AUSTIN | | | 8726 | | | | | | | | | | | X | , | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ay/Year) Exec | | . Deemed ecution Date, iny onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed (5) | | ies Acquired (A Of (D) (Instr. 3 | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) (D) | Prio | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Series 1 Common Stock 11/08/2 | | | | | /2022 | | A | | 702 | A | \$0 | .00 | 00 8,673 | | | D | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ion Da | ear) Securi Under Deriva | | nt of ties lying tive ty (Instr 4) | Der Sec (Ins | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly O | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

Remarks:

/s /Jeff Mengoli, Attorney-in-Fact for Sarah Gilligan

11/10/2022

** Signature of Reporting Person

Date

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** 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.