FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

V	vasililigion,	D.C. 20049		

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
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-

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(0). 00	ee instruction i				,															
Name and Address of Reporting Person*     Mitch all Arms				2. Issuer Name and Ticker or Trading Symbol Allbirds, Inc. [BIRD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Mitchell Ann					THOUSE, THE DIED								Director			10% Owner				
4 0	·	0 0	#: I II \											V	Office below	er (give title /)		Other (s below)	specify	
(Last) (First) (Middle) C/O ALLBIRDS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/11/2024							Chief Financial Officer									
30 HOTALING PLACE																				
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)									
SAN	CA	A 9	4111											Į∪	Form	filed by On	e Repo	orting Perso	on	
FRANCI	ISCO ST														Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	ficial	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3,			, 4 and Securit Benefit Owned		ies cially Following	Form:	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D) Pr		rice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock 11/11/2					2024 P 600 A		. !	\$8.16	6 62,477(1)			D								
		Tal									osed of, onvertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			on Date,	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)		Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	per								

## **Explanation of Responses:**

1. Includes 1,651 shares acquired under the Allbirds, Inc. 2021 Employee Stock Purchase Plan.

## Remarks:

/s/ Brandon Une, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

11/13/2024

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

- $^{\star}$  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.