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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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

Name and Address of Reporting Person* Vernachio Joseph					2. Issuer Name and Ticker or Trading Symbol Allbirds, Inc. [BIRD]										all app		ng Pers	10% Ov	vner	
(Last)	(Fir LBIRDS, IN	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024								X	belov	er (give title v) Chief Opera	Other (s below) Officer	specify		
730 MONTGOMERY STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN FRANCISCO CA 94111			Dut	Form filed Person									filed by Moi	iled by One Reporting Person iled by More than One Reporting						
(City)	(St	(State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	on-Deriva	tive S	Secu	rities	Ac	quire	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/North/Day/No				/Year) Execut		emed tion Date, n/Day/Year)		3. 4. Securities Acquired Disposed Of (D) (Instr. 8)					d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tran		rted action(s) . 3 and 4)			(Instr. 4)		
Class A Common Stock 03/01/20)24				s 23,935 ⁽¹⁾ D		\$0.90)5 ⁽²⁾	321,740		D					
		Tal	ole II								osed of, convertib				Owne	d				
1. Title of Derivative Conversion or Exercise Price of Derivative Security				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The sales reported on this Form 4 represent shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of restricted stock units. The sales were to satisfy tax withholding obligations to be funded by a "sell to cover" transaction and do not represent discretionary transactions by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.8810 to \$0.9319 inclusive. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

Remarks:

/s/ Christos Yatrakis, Attorney-in-Fact

** Signature of Reporting Person Date

03/05/2024

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.