FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Si	ee Instruction 1	0.																	
1. Name ar	2. Issuer Name and Ticker or Trading Symbol Couchbase, Inc. [BASE]									Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>Cam w</u>		Commonso, Mile.								1	Director			10% Ov	vner				
,														1		er (give title		Other (s	specify
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)		below)	
C/O COI	11/13/2024									Chair, President, and CEO									
3250 OL																			
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
SANTA	ANTA													Line) ✓ Form filed by One Reporting Person					nn
CLARA	$C\Delta$ 95054			4										V	Form filed by More than One Reporting				
,														Person					Ji tili ig
(City)	(St	ate) (Ž	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes						2A. Deemed Execution Dat if any (Month/Day/Yo		Date, Tra		action Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5) Sed Bei Ow				n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership
								C	ode	v .	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)		r. 4)	(Instr. 4)
Common	4	1		\top	S	П	6,984(1)	D	\$20.01	86(2)	736,485			D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				(e.g., pu	ıts, c	alls, v	varra	ınts	, op	tions,	converti	ble se	curitie	s)					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			ecution Date, ny	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exe piration ponth/Day		Amount of		8. Price (Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration	n Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sale reported on this Form 4 represents shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 10/6/2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.0000 to \$20.0850, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Margaret Chow, by Power of Attorney for Matthew M.

11/15/2024

Cain

** 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.