FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OIVIB APPROVAL										
OMB Number:	3235-0287									
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0.5

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	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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Feierstein Matthew David					2. Issuer Name and Ticker or Trading Symbol EverCommerce Inc. [EVCM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
releisu	em Maun	ew David			Distribution inc. [Lycivi]								Director				10% O			
,					_									1	Office	er (give title		Other (s	specify	
(Last)	(Fir	st) (M	∕liddle)		3. Date of Earliest Transaction (Month/Day/Year)									President						
C/O EVI	ERCOMME	ERCE INC.			12/01/2024									riesident						
3601 WALNUT STREET, SUITE 400																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)) [6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)					
DENVE	R CC	8	0205											1	Form	filed by One	e Rep	orting Pers	on	
															Form Perso	filed by Mo	re tha	in One Repo	orting	
(City)	(Ct-	ate) (2	<u>Z</u> ip)												reisc	ווע				
(City)	(30	(2	-ip <i>)</i>																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Inst	tr. 3)		2. Transac	tion		Deeme		3.		4. Securitie				5. Amo				7. Nature	
				Date (Month/Da	v/Year)	Execution Date,			Transaction Disposed Of (D) (Instr. Code (Instr. 5)		nstr. 3, 4						of Indirect Beneficial			
				((Month/Day/Year)							Owned Follow Reported		l Following			Ownership			
								Code	v	Amount	(A) or Pri		Trans		action(s)			(Instr. 4)		
								Jour	Ľ	Amount	(D)			(Instr. 3	. 3 and 4)					
Common Stock 12/01/2			024			F		2,684(1)		\$1	2.22 2,2		,270,653		D					
																			Dvi	
Common Stock														15	0,000			By Family		
Common Stock															13	0,000			Trust	
																			Trust	
		Tal									osed of, o)wne	d				
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curitie	s)						
1. Title of	2.	3. Transaction	3A. Dec		4.			ımber			isable and	7. Titl			rice of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	ion Date,	Transa Code (of Derivative		Expirat (Month)			Amount of Securities			vative urity	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day							Securities Acquired		Underlyin					tr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Derivative Security						(A) o	r	Derivative Security			rity (Instr	.		Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)	(111511.4)		
							Disposed of (D) (Instr. 3, 4 and 5)					3 and 4)								
							anu :	·,						_						
													Amoun or	١						
									Date		Expiration		Numbe of	r						
					Code	v	(A)	(D)	Exercis	able	Date	Title	Shares							

Explanation of Responses:

1. Represents the number of shares of common stock withheld by the Issuer to cover the reporting person's tax withholding obligation upon the vesting of Restricted Stock Units granted on March 1, 2022.

/s/ Lisa Storey, Attorney-infact

12/03/2024

** Signature of Reporting Person

Date

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.