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(b).

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. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Soo Debby</u>						EverCommerce Inc. [EVCM]								X Direc	,		10% Ov	vner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									Offic	er (give title w)		Other (s below)	specify		
C/O EVERCOMMERCE INC.					4 If Amondmont, Data of Original Filed (Month/Day/Vear)								6	6 Individual or Jaint/Crown Filing (Chool: Applicable					
3601 WALNUT STREET, SUITE 400					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
														X Form	n filed by On	ie Re	porting Pers	on	
(Street) DENVE	(Street) DENVER CO 80205													Form Pers		ore th	an One Rep	orting	
,					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)																			
						theck th atisfy th	iis box to indi ie affirmative	defense c	a trans onditi	action was n ons of Rule 1	nade 10b5	e pursua 5-1(c). Se	nt to a d ee Instru	contract, ins iction 10.	truction or wr	itten p	plan that is int	ended to	
		Table	I - No	n-Derivat	tive S	ecuri	ities Acc	wired	Die	nosed of	fo	n Ren	eficia	ally Owi	ned				
1 Title of				2. Transacti		2A. De		3.		-						6.0	wnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					/Year) if any		h/Day/Year)	Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3 5)			nd Secur Benef Owne	5. Amount of Securities Beneficially Owned Following		m: Direct	of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount		(A) or (D)	Price	Repor Transa				,		
Common Stock 06/21/20)23		A		15,569(1)		Α	\$ <mark>0</mark> (1	.) 3	6,157		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code (1 8)			6. Date Exerciss Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f g nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(Instr. 3, 4								(1130.4)				

Explanation of Responses:

1. Represents an award of Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock. The RSUs shall vest and settle on the earlier of (i) the day immediately preceding the date of the Issuer's first annual meeting of stockholders following the date of grant and (ii) the first anniversary of the date of grant, subject to the Reporting Person continuing in service on the Issuer's Board as a Non-Employee Director through the applicable vesting date.

Date

Exercisable

(D)

(A)

Expiration

Date

<u>By: /s/ Lisa Storey, Attorney-</u> <u>in-fact</u> <u>06/23/2023</u>

** Signature of Reporting Person Date

or Number

Shares

of

Title

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).

Code

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.

OMB APPROVAL

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