FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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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* Berlin Evan | | | | | 2. Issuer Name and Ticker or Trading Symbol EverCommerce Inc. [EVCM] | | | | | | | | | | k all app Direc | licable tor | ng Person(s) to I | | wner | |
|---|--|--|---------|---|--|--|-----------|---|--|--------|---|------------|---|---|--|---|---|---------------------------------------|------------|--|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2023 | | | | | | | | | belov | , | Other (specify below) rating Officer | | | |
| 3601 WALNUT STREET, SUITE 400 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) DENVER CO 80205 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (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 - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | y/Year) Exec | | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Pri | | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 12/20/2 | | | | | 2023 | | | D | | 15,000 | 0 D S | | 9.82 | 265,648 | | 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) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | of Expira | | e Exercisable and ation Date h/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | er | | | | | l | |

Explanation of Responses:

/s/ Lisa Storey, Attorney-in-

12/22/2023

fact

** 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.