SEC Form 4	
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).
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 10b5-1(c). See Instruction 10.

### 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

OMB APPF	Roval							
OMB Number: 3235-0								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person <sup>*</sup> Siurek Ryan H		'erson <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol EverCommerce Inc. [EVCM]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				Director 10% Owner Officer (give title Other (specify					
	(First) OMMERCE INC JT STREET, SUI		EverCommerce Inc. [EVCM]   3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other below)   08/22/2024 Chief Accounting Officer   4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check All applicable)   Image: Strength of the strengt of the strength of the strengt of the str	below) below) Chief Accounting Officer					
(Street) DENVER CO 80205 (City) (State) (Zip)		80205	4. If Amendment, Date of Original Filed (Month/Day/Year)	Form filed by One Reporting Person Form filed by More than One Reporting					

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Disposed Of 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	08/22/2024		F		1,397(1)	D	\$10.25	132,223	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(c.g., p						(e.g., puts, cans, warants, options, convertible securities)										
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (	4. 5. Numb Transaction of Code (Instr. 8) 8) 8) 4. Acquire (A) or Dispose of (D) (Instr. 3, and 5)		vative virities vired r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of 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 February 22, 2024.

/s/ Lisa Storey, Attorney-infact

<u>08/23/2024</u>

\*\* 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.