FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |       |  |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0       |       |  |  |  |  |  |  |  |
| Estimated average burden |       |  |  |  |  |  |  |  |
| hours ner resnonse       | . 0.5 |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Kostman David</u>   |  |       |   |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Outbrain Inc. [OB]   |  |        |                              |                 |  |                    |                        |   | ationship<br>k all app<br>Direc   | licable)            | ,  |  |   |          |
|--|--|-------|---|----------|---|--|--------|------------------------------|-----------------|--|--------------------|------------------------|---|---|---------------------|--|--|---|----------|
| (Last)   | (Fi<br>ST 19TH S   | *     | Middle)                                 |          | 3. Date of Earliest Transaction (Month/Day/Year) 07/07/2024   |  |        |                              |                 |  |                    |                        | <b>V</b>                                  | Officer (give title below) Chief Execution  |                     |  | Other (specify below)  |   |          |
| (Street) NEW YO  | Street) NEW YORK NY 10011  |       |   |          |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |        |                              |                 |  |                    |                        |   | 6. Indi<br>Line)  | Form<br>Form        | al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person |  |   |          |
| (City)   | (St  |       | 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 | ative S   | Secui  | rities | Acq                          | uired,          | Dis  | posed of           | , or B                 | enefi                                     | cially  | Own                 | ed<br>———  |  |   |          |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)   |  |       |   |          | Execution D   |  | Date,  | 3.<br>Transa<br>Code (<br>8) |                 | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)  |                    | ired (A)<br>nstr. 3, 4 | 4 and Securi                              |   | ities Folicially (D |  | orm: Direct<br>D) or Indirect<br>I) (Instr. 4)                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |
|  |  |       |   |          |   |  |        |                              | Code            | v  | Amount             | (A) (D)                | or Pri                                    | ce  | Transa              | action(s)<br>3 and 4)  |  |   | (moa. 4) |
| Common Stock 07/07/2   |  |       |   |          | 2024  |  |        | F                            |                 | 2,222(1)   | D \$4.67           |                        | 4.67                                      | 678,748   |                     |  | D  |   |          |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |       |   |          |   |  |        |                              |                 |  |                    |                        |   |   |                     |  |  |   |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |       | 4.<br>Transaction<br>Code (Instr.<br>8) |          | of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo  | vative (Month/Durities uired or osed b) (month/Durities uired or o |        | ion Da                       |                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                    | Dei<br>See<br>(Ins     | Price of<br>rivative<br>curity<br>str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у                   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |          |
|  |  |       |   |          | Code  | v  | (A)    | (D)                          | Date<br>Exercis | able   | Expiration<br>Date | Title                  | Amoun<br>or<br>Numbe<br>of<br>Shares      | r   |                     |  |  |   |          |

## **Explanation of Responses:**

1. Shares withheld by the Issuer to cover tax obligations arising upon vesting and settlement of restricted stock units under the Issuer's 2007 Omnibus Securities and Incentive Plan in a transaction exempt under Rule 16b-3

## Remarks:

/s/ Veronica Gonzalez, as attorney-in-fact

07/09/2024

\*\* 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.