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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* <u>Bradshaw Wenkai</u>						2. Issuer Name and Ticker or Trading Symbol Outbrain Inc. [OB]									k all app Direc	licable) tor	ng Pe	rson(s) to Is	vner	
(Last)	(Last) (First) (Middle) C/O OUTBRAIN INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/07/2024									Officer (give title Other (specify below) CAO & SVP Corporate Controller						
111 WEST 19TH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street) NEW YO	Street) NEW YORK NY 10011														Form filed by One Reporting Person 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															
											ons of Rule 1					dollori or write	on pio	an that io into	lucu to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any			3. Transaction Code (Instr. 8)		Disposed C	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4 and Securi Benefi		ties cially I Following	Forn (D) c	i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) c (D)	or Prio	e	Transa	saction(s) r. 3 and 4)			(111541. 4)	
Common Stock 06/07/2					2024	.024					1,813	D	\$4	.57(1)	11	12,342		D		
Common Stock 06/07/2					2024				F		198	D	\$4	.56(2)	11	112,144		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	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		ite	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr 4)	Dei Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of 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 2021 Long-Term Incentive Plan in a transaction exempt under Rule
- 2. 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

** Signature of Reporting Person Date

06/07/2024

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.