Instruction 1(b).

[ ]

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

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 ar	nd Address of	Reporting Person*	r				ne and Tick				npol				elationship o		g Perso	n(s) to Issu	Jer
Yoakur	<u>n Rene</u>				<u>Remi</u>	<u>tly (</u>	<u>Global,</u>	Inc.	REL	Y				Cue	ck all applic Directo	r		10% Ov	-
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)						7 >	C Officer below)	(give title		Other (s below)	pecify				
C/O REMITLY GLOBAL, INC.				08/25/	08/25/2023							EVP, Customer and Culture							
1111 3RD AVE., 21ST FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form fi	led by One	e Report	ting Persor	ı
SEATTL	E W	/A	98101										Form fi Person		e than C	One Repor	ting		
(City)	(S	tate)	(Zip)		Rule	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							t is intended	to										
		Tab	ole I - Noi	ו-Deriv	ative Se	ecur	ities Ac	quired	, Dis	spo	sed of	f, or B	enef	iciall	y Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/			Day/Year) Executior		fany		Transaction Dispose Code (Instr. 5)		Disposed	irities Acquired (A ed Of (D) (Instr. 3,		4 and Securit Benefic Owned		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Cod	v	A	Mount	(A) (D)	or I	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock			08/25	5/2023			М			11,124	4 4	A	(1)	34,	051	]	D	
Common	Stock			08/25	5/2023			F			2,709		)	\$ <mark>24.</mark> 9	31,	,342	]	D	
Common	Stock			08/25	5/2023			М			15,320		4	(1)	46,	,662	1	D	
Common	Stock			08/25	5/2023			F			3,668	1	<b>)</b>	\$ <mark>24.9</mark>	42,	994	]	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)	e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		I. Fransaction Code (Instr. 3)	ransaction of E ode (Instr. Derivative (I		Expirat	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
4	1	1	1										IΔm	nount		1			1

Date Exercisable

(2)

(2)

Expiration Date

(2)

(2)

Title

Commo Stock

Common

Stock

(RSUs) Explanation of Responses:

(1)

(1)

1. Each RSU represents a contingent right to receive one (1) share of the issuer's Common Stock upon settlement.

2. 100% of the total shares underlying the RSUs vested on August 25, 2023.

08/25/2023

08/25/2023

## **Remarks:**

Restricted Stock Units

(RSUs) Restricted Stock Units

	oucinu	<u></u>		<u>uttornej</u>	00/20/2022
s	Saema	Somalya	as	attornev-	08/29/2023

<u>in-fact</u>

\*\* Signature of Reporting Person Date

or Number

of Shares

11,124

15,320

\$<mark>0</mark>

\$<mark>0</mark>

0

0

D

D

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).

v

Code

Μ

М

(A) (D)

11,124

15.320

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.