FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHANGES	S IN BENEFIC	IAL OWNERSHI	P

OMB APF	PROVAL							
OMB Number: 3235-028								
Estimated average burden								
hours per response	e: 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* Schipper Brian				2. Issuer Name and Ticker or Trading Symbol 1stdibs.com, Inc. [DIBS]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Scripper Brian						, , ,							V Director	or		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								Officer below)	(give title		Other (s below)	specify	
51 ASTOR PLACE				4. If	Ame	ndme	nt. Date	of Original	Filed	(Month/D	av/Year)		6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
THIRD	FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)					
					-										X Form filed by One Reporting Person				n
(Street)															Form to Person		re tha	n One Repo	rting
NEW YO	ORK N	Y	10003												F 61301	'			
					- Ru	ıle :	10b	5-1(c)) Trans	act	ion Ind	dicatio	n						
(City)	(9	itate)	(Zip)																
									licate that a defense co							ion or writter	n plan	that is intend	ed to
							,												
		Tab	le I - Nor	n-Deriv	ative	Sec	curit	ies Ac	quired,	Dis	osed (of, or B	ene	eficial	y Owne	d			
1. Title of	Security (Ins	tr. 3)		2. Trans	action	ction 2A. Deemed Execution Date, ay/Year) if any			3.			rities Acqu			A) or 5. Amount o		of 6. Ov		7. Nature
	, ,	,		Date (Month/	Dav/Yea							ed Of (D) (ed Of (D) (Instr. 3, 4 a				Form: Direct (D) or Indirect		of Indirect Beneficial
(Month/i					Duyrreu	(Month/Day/Ye					"				Owned	d Following (l) ((Instr. 4)	Ownership
									Code	Τv	Amoun	(A) or Price		Price	Reported Transaction(s)			(Instr. 4)	
						_				Ļ	7	(D)			(Instr. 3	and 4)			
Common Stock			06/08	3/2023				M		14,7	14,705 A		(1)	14,705			D		
		т	able II -	Deriva	tiva S	-	ıritic	e Vca	uired C	ien	sed of	or Re	nofi	cially	Owned				
		•							, optior						Ownea				
4 701 - 4	•	0. 7	1				·								0 Dulas at			40	11. Nature
					. 5. Number ransaction of			6. Date Exercisable and Expiration Date Amount of					8. Price of Derivative	9. Number of derivative		Ownership of I Form: Bei	of Indirect		
Security or Exercise (Month/Day/Year) if any (Month/Day/Year)						(Instr. Derivative Securities		(Month/Day/Year) Securities Underlying				Security (Instr. 5)	Securities Beneficially		Beneficial Ownership				
(Derivative		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8)		Acq	uired				Derivativ	ve Se		(Owned	i ,	or Indirect	(Instr. 4)
	Security (A) or (Instr. 3 and Disposed									anu 4	"		Following Reported		(I) (Instr. 4)				
							of (D) (Instr. 3, 4										Transaction(s) (Instr. 4)		
						and 5)								(
														nount					
													or Nu	umber					
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	of Sh	nares					
Restricted							<u> </u>			\top			╫						
Stock	(1)	06/08/2023			M			14,705	06/08/202	23	(2)	Common Stock	1 14	4,705	\$0	0		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.
- 2. The restricted stock units have no expiration date.

Remarks:

/s/ Melanie Goins, Attorney-In-06/12/2023 Fact for Brian Schipper

** 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.