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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 000	30011 30(11)		investiner		inpuny / tot									
1. Name and Address of Reporting Person* <u>Hood Nancy</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>1stdibs.com, Inc.</u> [DIBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														Directo	Director		10% Ov	vner	
															(give title		Other (s	specify	
(Last)													below)			below)			
51 ASTOR PLACE						03/14/2023								Cr	niet Mari	keting	Officer		
THIRD FLOOR																			
I HIKD FLOOK					4. If Amendment, Date of Original Filed (Month/Day/Year)							6 In	6. Individual or Joint/Group Filing (Check Applicable						
					4. II Amenument, Date of Original Filed (Month/Day/Year)								Line)						
(Street)		18.7	10002										X Form filed by One Reporting Person						
NEW Y	IEW YORK NY 10003								Form fi	led by Mo	re than	n One Repor	ting						
														Person	erson			•	
(City)	(\$	State)	(Zip)	I															
		Та	ble I - No	n Dariva		o o u riti o		auirad	Die	naada	of or	Dan	oficially	Ourad					
		la		n-Deriva	live 5	ecuritie	SAC	quirea,	DIS	poseu c	oi, or	Dell	encially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date						action 2A. Deemed Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4			(A) or 3 4 and 5	5. Amour				7. Nature of ndirect		
					Day/Year) if any		Code (Instr.		Dispose	sed OI (D) (IIIsti: 3, 4			Beneficia	Beneficially		r Indirect	Beneficial		
							(Month/Day/Yea			<u> </u>				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				1 1	
												nu 4)	<u> </u>						
			Table II -											Owned					
				(e.g., pu	ts, ca	lls, warr	ants	s, optior	ıs, c	onverti	ible s	ecur	ities)						
1. Title of	2.		3A. Deemed					6. Date Exercisable and Expiration Date (Month/Day/Year) Underlying				8. Price of				11. Nature			
Derivative Security	Conversion or Exercise		Execution Date, if any (Month/Day/Year		saction e (Instr.						6	Derivative Security	derivativ Securitie		Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of				• (•			Derivative Secu					(Instr. 5)	Beneficia		Direct (D)	Ownersh		
	Derivative Security							(Instr. 3 and 4)			4)		Owned Followir		or Indirect (I) (Instr. 4)	(Instr. 4)			
							5)								Reported Transact				
									E	Expiration			Amount		(Instr. 4)				
						1		Date					or Number				1		
				Cod	e V	(A)	(D)	Exercisat		Date	Title		of Shares						
Restricted		02/11/1/2025				105.450				(2)	Comr	non	105 450						
Stock	(1)	03/14/2023		A		105,450	I	(2)		(2)	Cto	- 1 - L	105,450	\$ <mark>0</mark>	105,4	50	D	1	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.

2. The initial number of restricted stock units granted shall vest in 12 equal quarterly installments starting on June 8, 2023, provided the Reporting Person continues to have a service relationship with the Issuer at such time. The restricted stock units have no expiration date.

Stock

**Remarks:** 

Units

## /s/ Melanie Goins, Attorney-In-03/16/2023 Fact for Nancy Hood

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.