FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Pech Cedric | | | | | | 2. Issuer Name and Ticker or Trading Symbol MongoDB, Inc. [MDB] | | | | | | | | 5. Rel (Chec | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow | | | | |
|--|--|--|--------|------------------------------|---|--|---|------------------|--|-------|--------------------|---|-----------------------------------|---|--|--|-------------------|---|--|
| (Last) (First) (Middle) C/O MONGODB, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024 | | | | | | | | | — below) | | | Other (spe below) enue Officer | |
| 1633 BROADWAY, 38TH FLOOR | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK NY 10019 | | | | | | | | | | | | | Line) | | | | | | |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | | | Disposed (| ties Acquired (A d Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Reporte | ies For cially (D) Following (I) (| | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A) (D) | or P | rice | | ction(s) | | | (1130.4) |
| Class A Common Stock 08/15/2 | | | | | 2024 | .024 | | S ⁽¹⁾ | | 1,003 | D \$ | | \$250 | 34,716 | | | 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 | med on 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 Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | y Di or (I) |). wnership orm: irect (D) r Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | per | | | | | |

Explanation of Responses:

1. The transaction was pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.

Remarks:

/s/ Paul Johnston, Attorney-in-08/19/2024

Fact

** 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.