SEC Form 4

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							

Obligations n Instruction 1	nay continue. See		Filed nursuant to Section 16(a) of the Securities Exchange Act o	ed pursuant to Section 16(a) of the Securities Exchange Act of 1934							
	(-)-		or Section 30(h) of the Investment Company Act of 1940	1004	<u></u>						
1. Name and Address of Reporting Person [*] Hazard Charles M Jr			2. Issuer Name and Ticker or Trading Symbol <u>MongoDB, Inc.</u> [MDB]		ationship of Reportir (all applicable) Director	10% Own	ner				
	(First)		3. Date of Earliest Transaction (Month/Day/Year) 08/02/2021		Officer (give title below)	Other (sp below)	респу				
31 S1. JAME	ES AVENUE, 6		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Grou	p Filing (Check App	licable				
(Street)				X	Form filed by One	e Reporting Person	I				
BOSTON	MA	02116			Form filed by Mo Person	re than One Report	ing				
(City)	(State)	(Zip)									

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	08/02/2021		S ⁽¹⁾		1,667	D	\$359.1	65,682	D	
Class A Common Stock	08/02/2021		S ⁽¹⁾		350	D	\$359.1	19,145	Ι	By Trust ⁽²⁾

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Expiration		6. Date Exerc Expiration Da (Month/Day/Y			e and Int of rities rlying ative rity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

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

2. These shares are held by The Narragansett Bay Children's Trust (the "Trust"). The Reporting Person is the Trustee of the Trust and, as such, has the power to vote and dispose of the shares held by the Trust. The Reporting Person disclaims beneficial ownership of the shares owned by the Trust except to the extent of his pecuniary interest therein and this report shall not be deemed an admission that the Reporting Person is the beneficial ownership of the shares owned by the Trust except to the extent of his pecuniary interest therein and this report shall not be deemed an admission that the Reporting Person is the beneficial owners of these securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Sophie Hubscher, Attorney-in-Fact

08/04/2021

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 ſ ٦