FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFICI	<b>AL OWNERSHIP</b>

OMB APPR	OMB APPROVAL										
OMB Number:	3235-0287										
Estimated average bu	rden										
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).

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*     Bowen Adam					2. Issuer Name and Ticker or Trading Symbol Sonder Holdings Inc. [ SOND ]								all app	onship of Reportir ill applicable) Director		10% Ov	Owner		
(Last)	(Fii NDER HOL	est) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/06/2023								X	belov	er (give title v) nief Accou	ınting	Other (s below) g Officer	specify	
447 SUTTER ST. STE 405 #542						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN FRANC	ISCO CA	Λ 9	4108										X	Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	enefic	ially	Own	ed			
Date			2. Transact Date (Month/Dat	Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4		4 and Secu Bene Own		urities eficially led Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code V Amount (A) or (D)						Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			12/06/2	2023				P		10,000	A	\$2.8	2.89 <sup>(1)</sup> 30,000 D		D			
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		of	ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.84 to \$2.93 per share, inclusive. The reporting person has reported these purchases on an aggregate basis using the weighted average price for the transactions. The reporting person undertakes to provide, upon request by the Securities and Exchange Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

## Remarks:

/s/ Ruby Alexander Attorneyin Fact for Adam K. Bowen

\*\* Signature of Reporting Person Date

12/06/2023

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.