FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* POTTER KATHERINE E.	2. Date of E Requiring Si (Month/Day/ 09/11/202	Statement y/Year)	Sonder Holdings Inc. [SOND]						
(Last) (First) (Middle) C/O SONDER HOLDINGS INC. 500 E 84TH AVENUE, SUITE A-10 (Street) THORNTON CO 80229					0% Owr other (sp elow)	ner 6. Ir (Cho	I 6. Individual or Joint/Group Filing		
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securitie Beneficially Owned (In I)	str. Fo			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Expirat (Month)			3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		y C	Conversion or Exercise	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amo or Num of Shai	ount S	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

POA Attached

No securities are beneficially owned.

/s/ Ruby Alexander Attorney-in Fact for Katherine E Potter

09/12/2023

** Signature of Reporting

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 5 (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.