FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## 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*  HENSHALL DAVID J  2. Date of Eve Requiring Stat (Month/Day/Ye 01/05/2022			3. Issuer Name and Ticker or Trading Symbol EVERBRIDGE, INC. [ EVBG ]				
(Last) (First) (Middle) C/O EVERBRIDGE, INC.		(Check all applicable)	(Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
25 CORPORATE DRIVE, 4TH FLOOR		X Director Officer (give title below)	10% Ow Other (s below)	specify 6. I	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) BURLINGTON MA 01803					Form filed by More than One Reporting Person		
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)				3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct Reneficial	
1. Title of Security (Instr. 4)		Amount of Securities     Beneficially Owned (Instr. 4)	Form: Di	rect Own direct	nership (Instr.		
		Beneficially Owned (Instr.	Form: Dir (D) or Ind (I) (Instr.	rect Own direct 5)			
		Beneficially Owned (Instr. 4) tive Securities Benefici rrants, options, conver	Form: Dir (D) or Ind (I) (Instr.	rect Own direct 5)			

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

Elliot Mark, Attorney-in-

Fact

\*\* Signature of Reporting Person

Date

01/11/2022

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.