FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
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).

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*     MOULINE IMAD							2. Issuer Name <b>and</b> Ticker or Trading Symbol EVERBRIDGE, INC. [ EVBG ]										p of Reportin blicable)	•	s) to Is		
																	er (give title			(specify	
												X	belov			below)					
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/12/2019									SVP	& Chief Te	echnolog	v Off	icer	
C/O EVERBRIDGE, INC.						02/12/2019										011	ca Cilici I	ccimiolog	, 011	icci	
25 CORPORATE DRIVE																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Ctroot)						,									Line)						
(Street) BURLINGTON MA 01803																X Form filed by One Reporting Person					
DUKLIN	GION N	iA (	11003												Form filed by More than One Reporting						
					1											Person					
(City)	(9	State) (	(Zip)																		
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (	Owne	ed				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action	ction 2A. Deemed				3. 4. Securities Acquired (A)							ount of	6. Owners		7. Nature	
		•		Date (Month/	lDav/Va		Executio if any	xecution Date,		Transaction Disposed (Code (Instr. 5)		d Of (D	O) (Instr.	3, 4 a	4 and Securi Benefi				Form: Direct (D) or Indirect	of Indirect Beneficial	
				(WOTHIN			(Month/Day/Year)							Own		l Following		(I) (Instr. 4)	Ownership		
										T., .		(A) or			Rep Tran		ted action(s)			(Instr. 4)	
						Code	V	Amount	(D) Pri		Price			3 and 4)							
Common Stock 02/12/									S <sup>(1)</sup>		5,000	)	D	\$65		203,712		D			
	Table II. Devivative Conveties Assured Disposed of as Developly Overed																				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deem	3A. Deemed		4.		5. Number		6. Date Exercisable and			7. Title and		8. Price of		9. Number o			11. Nature	
Derivative Security	Conversior or Exercise		Execution if any		Transa Code (		Derivative (I		Expiration (Month/Da			Amount of Securities			Deriv Secu	ative		Ownership Form:		of Indirect Beneficial	
(Instr. 3)	Price of	(o.i.a.i.zuj, rou.i)	(Month/Day		8)				(Month Day/ Tear)			Underlying			(Instr. 5)		Beneficially	Direc	Direct (D)	Ownership	
	Derivative   Security					Acquired (A) or			d Derivative Security (Instr.					str. 3	3		Owned Following	or Ind (I) (In:		(Instr. 4)	
						Disposed			and 4)				Reported	1			,				
							of (D) (Instr. 3, 4										Transaction (Instr. 4)	(s)	' [		
							and 5)							╛		,					
							Т			Amo	ount										
												or Nun	her								
						<b> </b>		Date		Expiration	L	of	of								
			I		Code	V	(A)	(D)	Exercisat	ole   I	Date	Title	: Sha	res							

## **Explanation of Responses:**

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

## Remarks:

/s/ Elliot J. Mark, Attorney-in-Fact 02/14/2019

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.