FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden hours per response: 0.5										
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

1. Name and Address of Reporting Person* MATHY KENT					2. Issuer Name and Ticker or Trading Symbol EVERBRIDGE , INC . [EVBG]								(Cr	5. Relationship of Reporting Person(s) to Issue (Check all applicable)						
1111111	I Italii	-			\vdash									\dashv	X Direc	tor		10% O	vner	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023										Offic belov	er (give title v)		Other (s	specify
25 CORI	PORATE I	ORIVE, 4TH FLO	OOR		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Ctroot)																X Form filed by One Reporting Person				on
(Street)	CEON A	T.A.	01000		1											Forn	i filed by Mo	re tha	n One Rend	orting
BURLIN	IGTON N	IA .	01803			Form filed by More than One Reporting Person												or timing		
(City)	(5	State)	(Zip)		Rul	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	e I - Nor	n-Deriv	ative \$	Sec	uriti	es Ac	quir	red, D	isp	osed	of, or	Ben	eficia	lly Own	ed			
1 Title of 6	Coourity (In-	ot= 2\		2 Trance	ection	7,	Λ Doo	mod	3.	-		4 Secu	ritios Ac	auiro	d (A) or	E Am	ount of	6.0	wnership	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date			Tr Co	ransacti ode (Ins					d Secur Benef	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect	of Indirect Beneficial Ownership		
						[,		(Monanday/rear)		′ "					1	- Repor	ted	", "		(Instr. 4)
										ode	v	Amoun	t (1	A) or D)	Price	Transı (Instr.	ction(s) and 4)			
Common Stock 05/31				05/31	/2023	2023			M		4,176 A		(1)	12,047			D			
		Ta	able II -	Derivat	tive Se	ecu	ritie	s Aca	uire	d, Dis	spo	sed of	f, or B	enef	ficiall	v Owne	d			
				(e.g., p												,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transac Code (Ir 8)		ion of E		Expir	6. Date Exercisable a Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		4)	8. Price o Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	: cisable	Ex Da	piration ite	Title	O N O	lumber					
Restricted Stock Unit	(1)	05/31/2023			M			4,176	((2)		(3)	Commo		4,176	\$0.00	0		D	

Explanation of Responses:

- 1. Each restricted stock unit represents the contingent right to receive one share of Everbridge common stock
- $2.\ On\ May\ 19,\ 2022\ the\ reporting\ person\ was\ granted\ restricted\ stock\ units\ (RSUs).\ The\ RSUs\ vested\ on\ May\ 31,\ 2023.$
- 3. Not applicable

Remarks:

/s/Noah F. Webster, Attorneyin-Fact

06/02/2023

** 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.