SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 urden

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OMB Number:		
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* Rowlands Sharon T					2. Issuer Name and Ticker or Trading Symbol EVERBRIDGE, INC. [EVBG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Rowidius Sildioli 1</u>										-			_	X Direct	or		10% Ov	vner		
(Last)	(F	First)	(Middle)		3. Da			t Tran	nsaction (Month/Day/Year)						Office below	r (give title)		Other (s below)	specify	
C/O EVERBRIDGE, INC.																				
25 CORPORATE DRIVE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
25 CORFORATE DRIVE															X Form filed by One Reporting Person					
(Street)					, 										Form	filed by Mo	re tha	n One Repo	orting	
· /	IGTON M	1A	01803												Perso	n				
			01000		Ru	e 1	0h5-	-1(c)) Transa	acti	on In	dicatio	าท							
(City)	(9	State)	(Zip)				.000	T (0)) manoe			arcan	511							
(City)	(0	fiate)	(Zip)			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.														
							the affir	mative	e defense con	ditior	ns of Rule	10b5-1(c)). See	Instruc	tion 10.					
		Tabl	e I - Nor	n-Deriva	ative	Seci	uritie	s Ac	quired, D	isp	osed	of, or E	Ben	eficia	lly Owne	ed				
1. Title of Security (Instr. 3) 2. Transat Date (Month/Date)				Ex if a	2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispos Code (Instr. 5)			curities Acquired (A osed Of (D) (Instr. 3,			d Securit Benefic Owned	eficially ed Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	Amount (A) or (D)		Price	Reporte Transae (Instr. 3	ction(s)			(Instr. 4)	
		T,		Dorivat			rition	A	uired, Dis	200		f or Pr	nof	ioiall	(Ownod	1				
									, options						y Owneu					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
														mount						
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	N of	umber						
Restricted	(1)	05/25/2022							(7)		(3)	Commo		069	¢0.00	0.000		D		

Explanation of Responses:

(1)

1. Each restricted stock unit represents the contingent right to receive one share of Everbridge common stock.

2. Represents a restricted stock unit ("RSU") grant. Each RSU represents the contingent right to receive one share of Issuer common stock. 100% of the RSUs will vest on May 25, 2024, or the next annual shareholder meeting, subject to the Reporting Person remaining in the service of Issuer through the vesting date.

(2)

8,068

(3)

3. Not applicable

Remarks:

Stock

Unit

Noah F. Webster, Attorney-in-

\$0.00

05/26/2023

8,068

D

** Signature of Reporting Person Date

8,068

Stock

Fact

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).

05/25/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).