SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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Estimated average burden hours per response: 0.5

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 [*] <u>Di Leo John P.</u>	2. Date of Event Requiring Statement (Month/Day/Year) 02/10/2023		3. Issuer Name and Ticker or Trading Symbol <u>EVERBRIDGE, INC.</u> [EVBG]					
(Last) (First) (Middle) 25 CORPORATE DRIVE (Street) BURLINGTON MA 01803 (City) (State) (Zip)		-	4. Relationship of Re Issuer (Check all applicable Director X Officer (give title below) Chief Ret)	10% O Other (below)	wner (A Person	'Year) int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
······································	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Conver or Exer		e Form:	Ownership (Instr.
I I I I I I I I I I I I I I I I I I I	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Noah F. Webster, ttorney-in-Fact

02/13/2023 Date

** Signature of Reporting Person

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.

