FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
3235-							
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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>Barney Bryan Reed</u>		2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2022 3. Issuer Name and Ticker or Trading Symbol EVERBRIDGE, INC. [EVBG]								
25 CORPORAT (Street) BURLINGTON		(Middle) 01803 (Zip)		4. Is	4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner (specify	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)	3. Owner Form: I (D) or II (I) (Inst	Direct O	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercise Expiration Date (Month/Day/Yea			3. Title and Amount of S Underlying Derivative S		4. Conversion	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
					(Instr. 4)	ecurity	or Exercise Price of	se Form:	Ownership (Instr.	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Noah F. Webster, Attorney-in-Fact

01/05/2023

** 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 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.