

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>ABS VENTURES IX L P</u>  (Last) (First) (Middle) <u>950 WINTER STREET</u>  (Street) <u>WALTHAM MA 02451</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>EVERBRIDGE, INC. [ EVBG ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>04/11/2017</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year) <u>04/13/2017</u>	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	04/11/2017		s <sup>(1)</sup>		1,150,000	D	\$18.8575 <sup>(1)</sup>	4,724,337	D <sup>(2)</sup>	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person\*  
ABS VENTURES IX L P  
 (Last) (First) (Middle)  
950 WINTER STREET  
 (Street)  
WALTHAM MA 02451  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
CALVERT CAPITAL V L.L.C.  
 (Last) (First) (Middle)  
C/O EVERBRIDGE, INC.  
25 CORPORATE DRIVE, SUITE 400  
 (Street)  
BURLINGTON MA 01803  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Burgess R William JR  
 (Last) (First) (Middle)  
950 WINTER STREET  
 (Street)

WALTHAM MA 02451

(City) (State) (Zip)

**Explanation of Responses:**

1. The shares were sold in a public offering by the Issuer, pursuant to a Form S-1 Registration Statement which was declared effective on April 5, 2017. The reported sale price reflects the price at which the shares were sold to the underwriters.
2. The shares are held in the name of ABS Ventures IX, L.P. ("ABS"). Calvert Capital V LLC ("CCV"), the general partner of ABS, and R. William Burgess, Jr., a managing member of CCV, have indirect beneficial ownership of the shares held by ABS.

/s/ Elliot J. Mark, Attorney-in-Fact 04/13/2017

/s/ Elliot J. Mark, Attorney-in-Fact 04/13/2017

/s/ Elliot J. Mark, Attorney-in-Fact 04/13/2017

\*\* 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.**