STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Bial Deborah

C/O XOMETRY, INC.
6116 EXECUTIVE BLVD, SUITE 800
NORTH BETHESDA MD 20852

2. Issuer Name and Ticker or Trading Symbol

Xometry, Inc. [ XMTR ]

3. Date of Earliest Transaction (Month/Day/Year)

03/21/2023

4. If Amendment, Date of Original Filed (Month/Day/Year)


5. Relationship of Reporting Person(s) to Issuer

X Director
Officer (give title below)
10% Owner
Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person
Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>03/21/2023</td>
<td>A</td>
<td>7,041(1)</td>
<td>A (2)</td>
<td>10,770 D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) Represents a restricted stock unit ("RSU") grant. All of the shares underlying the RSUs will vest on January 1, 2024, subject to the Reporting Person's continuous service.

(2) Each RSU represents a contingent right to receive one share of the Class A Common Stock of the Issuer.

Remarks:

/s/ Kristie Scott, Attorney-in-Fact 03/23/2023

** 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).

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.