FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB API	OMB APPROVAL												
OMB Number: 3235-02													
Estimated average burden													
hours per respons	e: 0.5												

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

Name and Address of Reporting Person*     Goguen Peter					2. Issuer Name <b>and</b> Ticker or Trading Symbol Xometry, Inc. [XMTR]								Officer (give title					vner	
(Last)	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/20/2024								X	below)  Chief Op		ating	Other (s below) Cofficer	вреспу		
6116 EXECUTIVE BLVD, SUITE 800				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NORTH	TH MD 20852											X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)		ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication  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.													
		Table	I - I	Non-Deriva	tive S	Secur	rities	Acc	quire	ed, Di	sposed o	f, or I	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				Execution		n Date, T		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		d (A) or r. 3, 4 and 5	nd 5) Sec Ber Ow		curities neficially ned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						C		ode	V A	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(	4)	(111541. 4)	
Class A Common Stock 03/20/2024				.4		S <sup>(</sup>		(1)(2)		3,943	D	\$17.607	17.6072 <sup>(3)</sup>		197,211		D		
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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ecution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			Amo Secu Unde Deriv	rlying ative rity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable	Expiration Date	Title	or Number of						

## **Explanation of Responses:**

- 1. These shares were sold to cover tax withholding obligations in connection with the vesting of restricted stock units.
- 2. Represents shares sold in a transaction that was effected automatically pursuant to a Rule 10b5-1 trading plan adopted by the reporting person at least 90 days prior to the trading date.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.01 to \$17.93, inclusive. The reporting person undertakes to provide to Xometry, Inc., any security holder of Xometry, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within this price range.

## Remarks:

/s/ Kristie Scott, Attorney-in-

\*\* Signature of Reporting Person Date

03/20/2024

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.