1. Name and Address of Reporting Person
Mayerhofer Kathy

C/O XOMETRY, INC.
7529 STANDISH PLACE, SUITE 200
DERWOOD MD 20855

2. Issuer Name and Ticker or Trading Symbol
Xometry, Inc. [ XMTR ]

3. Date of Earliest Transaction (Month/Day/Year)
08/10/2022

4. If Amendment, Date of Original Filed

5. Relationship of Reporting Person(s) to Issuer
Director
10% Owner
Chief Sales Officer

6. Individual or Joint/Group Filing (Check Applicable Line)
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>08/10/2022</td>
<td></td>
<td>S</td>
<td>15,000</td>
<td>D</td>
<td>42,723</td>
<td>D</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>08/10/2022</td>
<td></td>
<td>S</td>
<td>5,000</td>
<td>D</td>
<td>37,723</td>
<td>D</td>
</tr>
</tbody>
</table>

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

Explanation of Responses:
1. 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 30 days prior to the trading date.

Remarks:
/s/ Kristie Scott, Attorney-in-Fact
08/12/2022

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.