FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN	BENEFICIA	L OWNERS	SHIP

	OMB APPROVAL									
	OMB Number: 3235-02									
l	Estimated average burden									
l	hours per response:	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

1. Name and Address of Reporting Person* Zuriff Laurence						2. Issuer Name and Ticker or Trading Symbol Xometry, Inc. [XMTR]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Zuiii Laurence																X Directo	or		10% O	wner		
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									-		Officer (give title below)		Other (: below)	specify		
C/O XOI	METRY, IN	C.			03/	/22/2	022									Chief Strategy Officer						
7529 STANDISH PLACE, SUITE 200																						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)																Line)						
DERWOOD MD 20855															X Form filed by One Reporting Person							
																Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																			
		Tab	le I - Non-	-Deriv	ative	e Se	curit	ties Ac	qu	iired, I	Disp	osed o	f, or E	ene	eficiall	y Owned	I					
1. Title of S	Security (Inst	r. 3)		2. Trans	action	2A. Deemed Execution Date,				3. 4. Securities Acquire Disposed Of (D) (Inst						Securities For (D) Beneficially (D) Owned Following (I) (Reported			7. Nature of Indirect			
					/Day/Year)		if any		·	Code (Instr.					3, 4 anu			Benefici	or Indirect	Beneficial Ownership (Instr. 4)		
		[(M		(Month/Day/Year)		ar)	8)			1,,,			- Reporte									
										Code	V	Amount	(A)	or	Price	Transac (Instr. 3	tion(s) and 4)					
Class A C	Common Sto	ock		03/22	2/202	/2022			M		10,000 A		\$1.65	935	935,286		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
(e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of 2. 3. Transaction 3A. Deemed 4.										6. Date Exercisable and 7. Title and Amo								r of	10.	11. Nature		
Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any					ate, Transact				Expiration Date (Month/Day/Year)				of Secu	/ing		Derivative Security	derivative Securities Beneficially Owned		Ownership Form:	Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/	Year) 8	3)	Securities Acquired										(Instr. 5)			Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) (or oosed					ļ`		<i>'</i>		Following Reported		(I) (Instr. 4)	` ′		
						of (D) (Instr. 3, 4 and 5)											Transaction(s) (Instr. 4)					
							1			Δmr		Amount		,								
														0	or Number							
					Code	v	(A)	(D)	Da	ate kercisabl		xpiration ate	Title	0	of Shares							
Stock				+	Jue	•	(^)	(0)	= X	CICISADI		aic		+	maics		 			+		
Stock Option (Right to Buy)	\$1.65	03/22/2022			М			10,000		(1)	0	1/29/2028	Class A Commo Stock	on 1	10,000	\$0.00	10,00	0	D			

Explanation of Responses:

1. One quarter (1/4) of the shares vested on January 1, 2019, and thereafter, the remainder of the shares vest in 36 monthly installments, subject to the Reporting Person's continuous service.

Remarks:

/s/ Kristie Scott, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person

03/23/2022

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.