FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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7,500

21,875

34,375

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

7. Nature of Indirect Beneficial Ownership

11. Nature

of Indirect Beneficial Ownership

(Instr. 4)

Section obligat	this box if no lo n 16. Form 4 o tions may conti tion 1(b).		STA		led purs	suant	to Sec	tion 16((a) o	of the Se	curiti	NEFICI es Exchar npany Act	nge Act o			HIP	Estim		er: verage burde sponse:	3235-028 n 0	
1. Name and Address of Reporting Person [*] Goguen Peter					2. Issuer Name and Ticker or Trading Symbol Xometry, Inc. [XMTR]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O XOMETRY, INC.						Date 0 /05/2		iest Trar	nsad	ction (Me	onth/	Day/Year)		X Officer (give title Other (specify below) below) Chief Operating Officer							
7529 STANDISH PLACE, SUITE 200 (Street)				_ 4.1	lf Ame	endme	nt, Date	e of (Original	Filed	(Month/D	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(City)			20855 (Zip)		-												filed by Mo	•	n One Repo		
(City)	(5	,		n-Deri	vativ	e Se	curit	ies Ad	cqu	uired,	Dis	posed c	of, or E	Ben	eficiall	y Owned	d				
1. Title of Security (Instr. 3) Date (Month/D				action 2A. Deemed Execution Date,			· /	, 3. 4. Transaction D Code (Instr. 5)		4. Securi Disposed 5)				4 and Securities Beneficiall Owned Fol		Form		7. Nature of Indire Beneficia Ownersh			
									Code	v	Amount	(A) (D)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class A Common Stock 04/05				5/202	2				М		834		A	\$1.68	13	9,168		D			
Class A Common Stock 04/05/				5/202	/2022				М		1,042	1,042 A		\$3.65	3.65 140,2			D			
Class A Common Stock 04/05/				5/202	/2022				М		1,042	2 .	4	\$12.32	2 14	141,252		D			
		T	able II -									osed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemo Execution if any (Month/Da	Date,	Date, Transa Code (I		of Der Sec Acq (A) Disj of (I	5. Number 6 of E		6. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (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) (I) (Instr. 4)	Benef Owner (Instr.	
9 J					Code	v	(A)	(D)		ate xercisabl		xpiration Date	Title		Amount or Number of Shares						
Stock	1		1			1		1	1				Class /		I						

Stock Option 04/05/2022

\$1.<mark>6</mark>8

\$3.65

\$12 32

Option

Option

Buy)

(Right to

(Right to Buy)

(Right to Buy) Stock

Explanation of Responses:

1. One quarter (1/4) of the shares vested on January 1, 2020, and thereafter, the remainder of the shares vest in 36 monthly installments, subject to Reporting Person's continuous service.

834

1,042

1,042

(1)

(2)

(3)

02/19/2029

04/27/2030

03/27/2031

Commor Stock

Class A

Commor

Stock

Class A

Commor Stock

834

1,042

1,042

\$0.00

\$0.00

\$0.00

2. One quarter (1/4) of the shares vested on January 1, 2021, and thereafter, the remainder of the shares vest in 36 monthly installments, subject to the Reporting Person's continuous service.

3. One quarter (1/4) of the shares vested on January 1, 2022, 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-	04/06/2022				
Fact					
** 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).

04/05/2022

04/05/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.