| SEC Form 4 | |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Instruction 1 | .(b). | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 | rsuant 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 Ac Olsen Don | ddress of Reporting Iald B. | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>Cricut, Inc.</u> [CRCT] | | k all applicable) Director Officer (give titl | 10% Owner | | | | | |
| (Last) C/O CRICUT 10855 SOUT | (First) (Middle) NCUT, INC. SOUTH RIVER FRONT PARKWAY | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2021 | | below) EVP, Genera | below) al Counsel & Sec. | | | | | |
| (Street) SOUTH JORDAN | UT | 84095 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indir Line) X | Form filed by O | oup Filing (Check Applicable One Reporting Person Nore than One Reporting | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | | Table I - Non-D | Derivative Securities Acquired, Disposed of, or Bend | eficially | / Owned | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---|------------------------------------|---|-----------------------------------|---|
| | | | Code | v | Amount (A) or Price Transact | | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Class A Common Stock | 11/30/2021 | | G | v | 3,000 ⁽¹⁾ | D | \$ <mark>0</mark> | 545,682 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Secu Acqu (A) of Dispo of (D) | vative rities lired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/\ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This transaction was a bona fide gift with no payment in consideration. Exempt from Section 16(b) of the Act pursuant to Rule 16b-5 promulgated under the Act.

Remarks:

<u>/s/ Don Olsen</u>

<u>12/02/2021</u>

** 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).

** 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.