

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>Abdiel Capital Management, LLC</u> (Last) (First) (Middle) C/O ABDIEL CAPITAL 90 PARK AVENUE, 29TH FLOOR (Street) NEW YORK NY 10016 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/19/2021	3. Issuer Name and Ticker or Trading Symbol <u>Cricut, Inc. [CRCT]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	1,842,417 ⁽¹⁾	I	By Funds ⁽²⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Abdiel Capital Management, LLC
 (Last) (First) (Middle)
 C/O ABDIEL CAPITAL
 90 PARK AVENUE, 29TH FLOOR
 (Street)
 NEW YORK NY 10016
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Abdiel Qualified Master Fund LP
 (Last) (First) (Middle)
 C/O ABDIEL CAPITAL
 90 PARK AVENUE, 29TH FLOOR
 (Street)
 NEW YORK NY 10016
 (City) (State) (Zip)

1. Name and Address of Reporting Person*

[Abdiel Capital LP](#)

(Last) (First) (Middle)

C/O ABDIEL CAPITAL

90 PARK AVENUE, 29TH FLOOR

(Street)

NEW YORK NY 10016

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Abdiel Capital Advisors, LP](#)

(Last) (First) (Middle)

C/O ABDIEL CAPITAL

90 PARK AVENUE, 29TH FLOOR

(Street)

NEW YORK NY 10016

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Moran Colin T.](#)

(Last) (First) (Middle)

C/O ABDIEL CAPITAL

90 PARK AVENUE, 29TH FLOOR

(Street)

NEW YORK NY 10016

(City) (State) (Zip)

Explanation of Responses:

1. Consists of 1,786,840 shares held by Abdiel Qualified Master Fund, LP ("AQMF") and 55,577 shares held by Abdiel Capital, LP ("ACLP") (together, the "Funds").

2. Abdiel Capital Management, LLC is the general partner of AQMF and ACLP and Abdiel Capital Advisors, LP serves as the investment manager of AQMF and ACLP. Colin T. Moran is the managing member of Abdiel Capital Management, LLC and Abdiel Capital Partners, LLC, which is the general partner of Abdiel Capital Advisors, LP. By virtue of the foregoing relationships, each of the reporting persons may be deemed to beneficially own the securities held by AQMF and ACLP. Each reporting person disclaims beneficial ownership of such securities, except to the extent of its or his pecuniary interest therein.

Remarks:

[/s/ Colin T. Moran as
managing member of
Abdiel Capital
Management, LLC,](#) [05/24/2021](#)
[general partner of Abdiel
Qualified Master Fund LP](#)

[/s/ Colin T. Moran as
managing member of
Abdiel Capital
Management, LLC,](#) [05/24/2021](#)
[general partner of Abdiel
Capital LP](#)

[/s/ Colin T. Moran as
managing member of
Abdiel Capital
Management, LLC](#) [05/24/2021](#)

[/s/ Colin T. Moran as
managing member of
Abdiel Capital Partners,
LLC, general partner of
Abdiel Capital Advisors,
LP](#) [05/24/2021](#)

/s/ Colin T. Moran,
individually.

05/24/2021

** 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 5 (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.