FORM 4

to Section 16. Form 4 or Form obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* REIFF MELISSA | | | | | 2. Issuer Name and Ticker or Trading Symbol Cricut, Inc. [CRCT] | | | | | | | | | (Ch | eck all app X Direc | tor | ng Per | 10% O | wner |
|--|--|--|---|---|---|--|---|-----|--|----------------------|--------------------|---|---|--------|--|---|--|--|--|
| (Last) (First) (Middle) C/O CRICUT, INC. 10855 SOUTH RIVER FRONT PARKWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2022 | | | | | | | | | | belov | er (give title | | Other (below) | specify | |
| (Street) SOUTH JORDAN | N UT | UT 84095 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | d Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | unt (A) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (1130.4) |
| Class A Common Stock 05/25/2 | | | | | 2022 | | | A | | 3,497(1) | | A | \$ <mark>0</mark> | 3,497 | | | D | | |
| Class A Common Stock 05/26/2 | | | | 2022 | | | | A | | 16,556 ⁽² | 2) A | | \$ <mark>0</mark> | 20,053 | | | 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | str. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Amou or Numb of Title Share | | ber | | | | | |

Explanation of Responses:

- 1. The shares are represented by fully vested restricted stock units.
- 2. The shares are represented by restricted stock units which vest in four equal quarterly installments beginning on August 15, 2022.

Remarks:

/s/ Don Olsen, by power of

05/27/2022

<u>attorney</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.