(Street)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGE

## ES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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* <u>Abdiel Capital Management, LLC</u>				2. Issuer Name and Ticker or Trading Symbol Cricut, Inc. [ CRCT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
(Last)	(F	First) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/06/2023									Officer (give title Other (specify below) below)						
C/O ABDIEL CAPITAL 90 PARK AVENUE, 29TH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
				Form filed by One Reporting Person  X  Form filed by More than One Reporting																
(Street) NEW YORK NY 10016				Rule 10b5-1(c) Transaction Indication																
(City)					l_	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
Cir				satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
1 Title of	Security (In		l - No	n-Deriva 2. Transacti		e Securities Acquired, Disposed of, or Beneficial  2A. Deemed  3. 4. Securities Acquired (A) or								<del></del>						
2. 1100 01	scounty (iii	J		Date (Month/Day	ay/Year)		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)					Securiti Benefic	ies	Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	Indirect Beneficial Ownership		
						ľ	,		Code	v	Amount	(A) (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		(,, (,		(Instr. 4)	
												T							By	
Class A (	Common S	itock		10/06/2023				S		1,299,695		,	\$8.7	13,586,608		I		Abdiel Qualified		
											, ,								Master Fund,	
													$\dashv$						LP <sup>(1)</sup>	
Class A Common Stock		10/06/2023				S		305		,	\$8.7	13,586,303		I		By Abdiel Capital,				
																		LP <sup>(1)</sup>		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative	2. Conversion	3. Transaction	3A. De		4. Transa		5. Nu	ımber		e Exer	cisable and	7. Titl	e and	d 8.	Price of erivative	9. Number	of	10. Ownership	11. Nature	
Security (Instr. 3)	or Exercise Price of Derivative		if any	n/Day/Year)	Code ( 8)	(Inst		ative rities iired	(Montl			Securities Underlying Derivative Security (Instr 3 and 4)		g   (lı	ecurity nstr. 5)			Form: Direct (D) or Indirect	Beneficial Ownership	
	Security						(A) o Disp of (D	osed						nstr.	Following Reported Transacti		'' '		4)	
							(Insti							_		(Instr. 4)				
													or Nur	ount mber						
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	of Sha	ares						
		of Reporting Person' Management,																		
						-														
(Last) C/O AB	DIEL CAF	(First) PITAL	(Mı	iddle)																
90 PARI	AVENU	E, 29TH FLOOR																		
(Street)	ODI/	NINZ	10	016																
NEW YO	JRK	NY	10	016		-														
(City)		(State)	(Zi	p)		_														
		of Reporting Person' ed Master Fund																		
(Last)		(First)	(Mi	iddle)		-														
C/O AB	DIEL CAI	PITAL																		
90 PARI	AVENU.	E, 29TH FLOOR																		

NEW YORK	NY	10016							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>Abdiel Capital LP</u>									
(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* <u>Abdiel Capital Advisors, LP</u>									
(Last)	(First)	(Middle)							
C/O ABDIEL CA	APITAL								
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 CA	APITAL								
90 PARK AVENUE, 29TH FLOOR									
(Street)									
NEW YORK	NY	10016							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

1. The share numbers in Column 5 represent the aggregated holdings of Abdiel Qualified Master Fund, LP ("AQMF") and Abdiel Capital, LP ("ACLP"). 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.

By: /s/ Colin T. Moran as managing member of Abdiel 10/11/2023 Capital Management, LLC By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, 10/11/2023 general partner of Abdiel Qualified Master Fund, LP By: /s/ Colin T. Moran as managing member of Abdiel Capital Management, LLC, 10/11/2023 general partner of Abdiel Capital, LP By: /s/ Colin T. Moran as managing member of Abdiel Capital Partners, LLC, general 10/11/2023 partner of Abdiel Capital Advisors, LP By: /s/ Colin T. Moran, 10/11/2023 <u>individually</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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