FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| UNIB APPR | OVAL | | | | | |
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| OMB Number: | 3235-028 | | | | | |
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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* Adams David Leslie | | | | | | 2. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [CDLX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|--|---------|---|--|---|-------|---|--|----|---|--|----------------------------------|------------------|---|---|-------------------------------------|--|--|
| Adams David Lesile | | | | | | Samuel County | | | | | | | | | | V Direct | or | | 10% O | vner |
| (Last) C\O CAR | (First DLYTICS, | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018 | | | | | | | | | | | Office below | (give title | | Other (s below) | specify |
| 675 PONCE DE LEON AVENUE NE, SUITE 6000 | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Joint/Grour | Filing | ı (Check An | plicable |
| (Street) | | | | | | 4. It is a second to the second to the second secon | | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| ATLANT | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Sec | uriti | es Ac | quire | d, Di | sp | osed o | f, or I | 3en | eficiall | y Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | Execution Date, | | | Cod | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | | | Benefic Owned | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | de V | | Amount | ınt (A) or P | | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 02/13 | | | | | 8/2018 | 2018 | | | C | ; | | 2,900 A | | (1) | 2, | 2,900 | | D | | |
| | | T | able II - | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | 4. Transactior Code (Instr 8) | | n of | | 6. Date Exercisi Expiration Date (Month/Day/Yea | | | | 7. Title Amou Securi Under Deriva (Instr. | nt of ties lying tive S | Security 1 4) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | | xpiration ate | Title | A o N o S | | | | | | |
| Series G Redeemable Convertible Preferred | (1) | 02/13/2018 | | | С | | | 2,900 | (1 | l) | | (1) | Comm | | 2,900 | \$0.00 | 0 | | D | |

Explanation of Responses:

1. Each share of Series G Redeemable Convertible Preferred Stock converted into the Issuer's Common Stock on a one-for-one basis upon the Issuer's initial public offering and has no expiration date.

Remarks:

/s/ Kirk L. Somers, Attorney-02/15/2018 in-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).
- ** 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.