FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

SOSIN CLIFFORD Required (Month			2. Date of Event Requiring Stater (Month/Day/Yea 10/04/2019	nent	3. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [CDLX]					
(Last) C/O CAS INV	(First) /ESTMENT PA	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner		(1)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
135 E 57TH STREET, SUITE 18-108					Officer (give title below)	Other (spe below)		Individual or Joint pplicable Line)	t/Group Filing (Check	
(Street) NEW YORK	NY	10022							y One Reporting Person y More than One erson	
(City)	(State)	(Zip)								
		-	Table I - Nor	-Derivat	ive Securities Beneficial	y Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					2,490,393	I		See Footnote ⁽¹⁾		
		(e.			e Securities Beneficially ants, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)		str. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi			rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
						Amount	Derivative Security			

Explanation of Responses:

1. 1,996,295 of these shares are owned directly by Sosin Partners, L.P., and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to Sosin Partners, L.P. The remaining 494,098 shares are owned directly by CSWR Partners, L.P., and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, L.P. and Reporting Person is the Managing Member of CAS Investment Partners, LLC, which is investment manager to CSWR Partners, LLC, which is investment manager to CSWR Partners, LLC, which is investment manager to CSWR Partners, LLC, w

<u>/s/ Clifford Sosin</u> <u>10/09/2019</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 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.