SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

0.5

POF Estimated average burden

hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] | 2. Date of E Requiring S (Month/Day, 09/26/202 | tatement 'Year) | 3. Issuer Name and Ticker <u>Cardlytics, Inc.</u> [C | • | Symbol | | |
|--|--|--------------------|--|--------------------------|---------------------------------------|---|--|
| (Last) (First) (Middle) C/O CARDLYTICS, INC. | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | |
| 675 PONCE DE LEON AVENUE NE, SUITE 6000 | | | X Director Officer (give title below) | 10% C Other below) | (specify | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | |
| (Street) ATLANTA GA 30308 | | | | | | | by More than One Person |
| (City) (State) (Zip) | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1. Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. I) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
| (e.g. | , puts, call | s, warran | its, options, converti | ble sec | urities) | | |
| (e.g. 1. Title of Derivative Security (Instr. 4) | , puts, call 2. Date Exerc Expiration Da (Month/Day/Y | isable and ite | ItS, Options, converti 3. Title and Amount of S Underlying Derivative Se (Instr. 4) | ecurities | 4. Convers or Exerc Price of | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

| <u>/s/ Kirk L. Somers,</u> |
|----------------------------|
| <u>Attorney-in-Fact</u> |
| ** Signature of Reporting |
| Person |

09/28/2021

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.