FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 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* Grimes Scott D. | | | | | 2. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [CDLX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|---------|--------|---|--|---|----------------------------|--|------------------|--|--------------------|---|---|--|--|---|--|------------------|--|--|
| (Last) (First) (Middle) C/O CARDLYTICS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/27/2021 | | | | | | | | Offic belov | er (give titl v) | le | Othe belov | r (specify v) | | |
| 675 PONCE DE LEON AVENUE NE, SUITE 6000 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ΓA GA | Λ 3 | 0308 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | quired | l, Dis | sposed of | , or Be | enefic | ally Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | Execution Date, | | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | Benefici | es ally Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (1134. 4) | | | |
| Common Stock 08/27/20 | | | | | 021 | | | | S ⁽¹⁾ | | 3,000 | D | \$90 | 231 | 231,674 | | D | | | |
| Common Stock | | | | | | | | | | | | | 69,112 | | | | See Footnote ⁽²⁾ | | | |
| | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | or osed) r. 3, 4 | 6. Date Expira (Month | tion D | Year) Securities Underlying Derivative Security (Ir 3 and 4) | | t of ies ying ive y (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. These sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 12, 2020.
- 2. The reportable securities are held by the 2013 Scott Grimes GRAT UAD.

Remarks:

/s/ Kirk Somers, Attorney-in-

** Signature of Reporting Person

08/30/2021

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 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.