## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigton,	D.C.	20040

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERSI	HР

	OMB APP	ROVAL								
	OMB Number:	3235-0287								
	Estimated average burden									
-1	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>Temsamani Karim Saad</u>					2. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [ CDLX ]							Relationship of eck all applic	able)	g Pers	on(s) to Issu 10% Ow			
(Last) 675 PON	`	irst) ON AVE. NE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/05/2023							below)	(give title nief Exec	utive	Other (s below) Officer	pecify	
SUITE 6000					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ΓA G	A	30308											X Form filed by One Reporting Person Form filed by More than One Reporting Person			- 1	
(City)	(S	,	(Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									7. Nature of									
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Year		xecution Date, any		, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amoun Securities Beneficia Owned For Reported	s Form ally (D) of following (I) (In		n: Direct Ir or Indirect B nstr. 4) C	Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	Price	Transacti	Transaction(s) (Instr. 3 and 4)			msu. 4)			
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Inst					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Restricted Stock Units	(1)	04/05/2023			A		200,000		(2)		(2)	Common Stock	200,000	\$0	200,00	)0	D	

## Explanation of Responses:

- 1. Each RSU represents a contingent right to receive one share of common stock of the Issuer, or at the election of the Issuer, its cash equivalent.
- 2. 25% of the RSUs shall vest on each of July 1, 2023, October 1, 2023, January 1, 2024 and April 1, 2024, respectively, subject to the Reporting Person's continuous service with the Issuer through each applicable vesting date.

## Remarks:

/s/ Mark Ballantyne, Attorney-

in-Fact

04/12/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.