FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | , | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |

| OMB APP | PROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

| | | | | | 01 3 | Secu |)II 30(II |) or the | invest | ment | COII | ipany Act | 01 1940 | | | | | | | |
|---|--|--------------------------------------|---|---|-----------------------------------|--|--|----------|-------------------|--------|----------------|------------------|--|--|---|------------------------|-------------------------|------------------|---|--|
| Name and Address of Reporting Person* SOMERS KIRK | | | | | | 2. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [CDLX] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | | X Office | ctor er (give title | , | 10% O Other (| · | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/30/2021 | | | | | | | | below) below) Chief Legal & Privacy Officer | | | | or | | |
| C/O CARDLYTICS, INC. | | | | | | 30/2 | 021 | | | | | | | | Cir | ier Begur e | ~ 1 111 | ucy Office | | |
| 675 PONCE DE LEON AVENUE NE, SUITE 6000 | | | | | | | 4. If Amondment, Date of Original Filed (Month/Day/Mass) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | | | | | |
| ATLAN | ΓA G. | A | 30308 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| | | | | | | | | | | | | | | Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of S | Security (Ins | tr. 3) | | 2. Transa Date | action | 2A. Deemed Execution Date, | | | 3. Tra | | | | | | | ount of | | | 7. Nature of Indirect | |
| (Month/Da | | | | | Day/Yea | | | | Code (Instr. 5) | | | , | Bene | icially d Following | | | Beneficial Ownership | | | |
| | | | | | () () | | Cod | de V | , | Amount | unt (A) or (D) | | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| 0.000 | | | | | | /2021 | | M | , | | 60 | - 111 | | - | 25,682 | | D | | | |
| Common Stock 08/30/2 | | | | | | | | | IV. | | | 00 | A | \$30.4 | +4 | 23,002 | | D | | |
| | | Т | able II - | | | | | | | , | • | | , or Ben ble sec | | y Owne | d | | | | |
| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | | 4. Transaction Code (Instr. | | n of Ex | | Expiration Date | | | | 7. Title an Amount of Securities | f | 8. Price of Derivative Security | | re | 10. Ownership | 11. Nature of Indirect Beneficial | |
| (Instr. 3) | | | 8) ` | Securitie Acquired (A) or Disposed of (D) | | | ecurities Underlying Derivative Sec (Instr. 3 and 4) or (Instr. 3 and 4) | | | | | Security | (Instr. 5) | Owned Followin Reported Transact | Following Reported Transaction(s) | | Ownership (Instr. 4) | | | |
| | | | | | (Instr. 3, 4 and 5) | | | | | | | | | (Instr. 4) | (Instr. 4) | | | | | |
| | | | | | | | | | | | | | | Amount or Number | | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Ex Da | piration ate | Title | of Shares | | | | | | |
| Employee Stock | | | | | | | | П | | | Γ | | | | | | | | | |
| Option (Right to Buy) | \$30.44 | 08/30/2021 | | | M | | | 60 | (1) |) | 07. | /07/2027 | Common Stock | 60 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Fully vested.

Remarks:

/s/ Kirk L. Somers

08/31/2021

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).