FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
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

Name and Address of Reporting Person* Adams David Leslie					2. Issuer Name and Ticker or Trading Symbol Cardlytics, Inc. [CDLX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Audilis David Leslie													_	Directo	r		10% Ow	ner		
(Last)	(F	irst)	(Middle)				ate of Earliest Transaction (Month/Day/Year) 23/2023					Officer below)	(give title		Other (s below)	pecify				
C/O CARDLYTICS, INC.					4 If	If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable					
675 PON	NCE DE LE	ON AVENUE N	E, SUITE	6000		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
					_										X Form filed by One Reporting Person					
(Street)																	e than	One Repor	ting	
ATLAN	ATLANTA GA 30308				Person															
					- Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(S	itate)	(Zip)		1_			. ,												
															act, instruction 10.	n or written p	olan th	at is intended	to	
	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Tak	le I - Nor	ı-Deri\	vative	Se	curitie	s Acq	uired, [Disp	osed o	f, or B	ene	ficiall	y Owned					
1. Title of	Security (Ins	tr. 3)		2. Trans Date (Month)	saction /Day/Yea	Execu		A. Deemed xecution Date,				ities Acq d Of (D) ((A) or 3, 4 and	5. Amour Securitie Beneficia	es Forn	Form	n: Direct c	7. Nature of Indirect Beneficial	
(Month)							(Month/Day/				'				Owned F	ollowing			Ownership (Instr. 4)	
									Code	v	Amount	(A (D) or)	Price	Transact (Instr. 3 a	ion(s)			(11150.4)	
Common Stock 05/24/				4/2023	3			M 6,465 A (1) 40,514		514		D								
			Table II - I												Owned					
					outs, c	caii	_		-	_	onvertik			ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Exercise (Month/Day/Year) Exercise ice of privative Privative Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8)		saction Derivative Expiration			n Date					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly	Ownership of Form: Be Direct (D) O	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
														Amount		(Instr. 4)	(5)			
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	N	Number of Shares						
Restricted					- 300	Ť	.,	,-,		1			+							
Stock Units	(1)	05/23/2023			A		28,547		(2)		(2)	Commo		28,547	\$0.00	28,547	, <u> </u>	D		
Restricted Stock Units	(1)	05/24/2023			M			6,465	(3)		(3)	Commo		6,465	\$0.00	0		D		

Explanation of Responses:

- 1. Each restricted stock unit ("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. The RSUs shall vest in full on the one-year anniversary of the date of grant, provided that the Reporting Person remains a director of the Issuer on such vesting date.
- 3. The RSUs vested in full on the one-year anniversary of the date of grant.

Remarks:

/s/ Jason Minio, Attorney-in-

05/25/2023

Fact

** 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 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.