FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiigton,	D.C.	20049

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	SHIP

	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*     Shanmugasundaram Kulesh					Angi Inc. [ ANGI ]									Chec	k all applica Director	able)	g Perso	on(s) to Issu 10% Ow Other (s	ner	
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/19/2024								X	below)	Officer (give title below)  Chief Techn		below)	pecity	
3601 WA	ALNUT STI	REET, SUITE 70	00		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Street)																X Form filed by One Reporting Person Form filed by More than One Reporting				
DENVE	R C	0	80205													Person				
(City) (State) (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.													
		Та	ble I - Non	-Deriv	ative	e Se	ecur	ities A	cqı	uired,	Dis	posed of,	or Ben	eficia	lly	Owned				
Da			2. Trans Date (Month/I	Day/Year) 2A. Deemed Execution Diff any (Month/Day)		ution Dat	Code (I			4. Securitie Disposed C	es Acquired (A) or Of (D) (Instr. 3, 4 and		d 5)	5. Amoun Securities Beneficial Owned Fo	s lly ollowing	Form	: Direct   I Indirect   I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A) or (D)	Price		Transaction (Instr. 3 and	on(s)			
Class A Common Stock, par value \$0.001 <sup>(1)</sup>				04/19	19/2024					M		12,707	A	\$	\$0		178,741		D	
Class A C	Common St	ock, par value \$0	0.001(2)	04/19	9/2024				F <sup>(2)</sup>		6,487	D	\$2.	02	172,	254		D		
			Table II - I									osed of, convertible			у О	wned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Transactity or Exercise (Month/Day/Year) if any Code (Ins							Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V	,	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	Amou or Numb of Share	er					
Restricted Stock Units <sup>(3)</sup>	\$0	04/19/2024		N	М			12,707	04/	19/2022 <sup>(3</sup>	3) 10	0/19/2024 <sup>(3)</sup>	Class A Common Stock, par value	12,7	07	\$0	12,70	)6	D	

## Explanation of Responses:

- 1. Represents shares of ANGI Class A common stock acquired upon the vesting of restricted stock units (see footnote 3 below).
- 2. Represents shares of ANGI Class A common stock withheld to cover the payment of taxes due in connection with the vesting of restricted stock units (see footnote 3 below).
- 3. Represents unvested restricted stock units that vested/vest in six equal bi-annual installments commencing on April 19, 2022 and ending on October 19, 2024, subject to continued service.

## Remarks:

Shannon M. Shaw as Attorneyin-Fact for Kulesh 04/22/2024

<u>Shanmugasundaram</u> \*\* 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.