FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

RH	IES	AND EX	CHANGE	COMMIS	SION

UIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								
hours per response:	0.5								
	OMB Number: Estimated average bu								

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction '	10.																	
Name and Address of Reporting Person*     Hentges Mary					2. Issuer Name <b>and</b> Ticker or Trading Symbol Upstart Holdings, Inc. [ UPST ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (spe below) below)			респу			
C/O UPSTART HOLDINGS, INC.					01/10/2025														
2950 S. 1	DELAWAR	E STREET, SUI	TE 410	)								+							
,					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															Form	n filed by On	e Rep	orting Perso	on
SAN MATEO CA 94403														Form filed by More than One Reporting Person					
(City)	(St	ate) (Ž	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADDisposed Of (D) (Instr. 3DD) 5)				nd Securi Benefi Owned	cially I Following	Forn (D) o	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 01/10/2					/2025		A		626(1)		A	\$(	2	26,359		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of										of	10.	11. Nature							
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Pate Execution Date, Transaction of				rities lired r osed )	Expiration Date (Month/Day/Year)  Amount of Securities Underlying Derivative Security (Ins 3 and 4)				3	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
								Date Exercis	ahle	Amor or Numi Expiration of Date Title Shar		nber							

## **Explanation of Responses:**

1. These securities are fully vested restricted stock units (RSUs). Each RSU represents a right to receive one share of Common Stock in settlement as soon as practicable after grant. These RSUs were granted, pursuant to a prior election by the Reporting Person, in lieu of an individual annual cash retainer payment for Board service to the Issuer that the Reporting Person would have otherwise received pursuant to the Issuer's Outside Director Compensation Policy.

## Remarks:

/s/ Gabrielle Brown, by power of attorney

\*\* Signature of Reporting Person Date

01/14/2025

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.