FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGE	S IN BENEFICI	AL OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-028											
Estimated average burden											
hours ner response.											

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* Huber Jeff					2. Issuer Name and Ticker or Trading Symbol Upstart Holdings, Inc. [UPST]							ck all app	licable)	ng Per	rson(s) to Is				
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024								Office below	er (give title v)		Other (s below)	pecify	
C/O UPSTART HOLDINGS, INC.				4 If A	If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable								
2950 S. DELAWARE STREET, SUITE 410					and the state of original rines (morning day real)							Line)	Line)						
											X	X Form filed by One Reporting Person				on			
(Street)														Form filed by More than One Reporting Person					
SAN MA	ATEO CA	9	4403												. 0.00				
-					Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		$ \Box \rangle$	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
						satisfy t	he affiri	mative	defense o	condition	ons of Rule 10	0b5-1(c). See li	nstructi	in act, mstri	action of white	en piai	ii tiiat is iiitei	ided to
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Δca	uired	Dis	posed of	or F	Renef	ficial	ly Own	ed			
4 Title of 6	Paramita di di di			2. Transac			Deeme		3.						5. Amo		6 00	unorobin .	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu ay/Year) if any		cution Date,				es Acquired (A) Of (D) (Instr. 3,			Securit Benefic Owned	ties Fo cially (D d Following (I)		orm: Direct D) or Indirect) (Instr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount	(A)	or	rice	Report Transa (Instr. 3	ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			05/30/	2024				A		8,278(1)	8,278 ⁽¹⁾ A		\$ <mark>0</mark>	0 24,815			D	
		Tal									osed of, onvertib				Owne	d	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I			Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	per					

Explanation of Responses:

1. These securities are restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of Common Stock. 100% of the RSUs shall vest on the earlier of May 30, 2025 or the day prior to the date of the Issuer's 2025 annual meeting of stockholders, subject to the Reporting Person continuing as a service provider through such date.

Remarks:

/s/ Cynthia Moon, by power of attorney 06/03/2024

** 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.