FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APP	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average	burden									
hours per response	e: 0.5									

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																		
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol MongoDB, Inc. [MDB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Bull Thomas				1.10	<u> </u>	 , -	<u></u>	LIVIDE	, 1				Director				10% Ov	vner		
													1	Office	er (give title		Other (s	specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Chief Accounting Officer							
C/O MONGODB, INC.					01/02/2025													8 0 111001		
1633 BROADWAY, 38TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)) 6	6. Individual or Joint/Group Filing (Check Applicable									
(Street)						, sale of original case (months buy, rour)								Line)						
NEW YO	ORK NY	7 1	0019											Form filed by One Reporting Person						
,															Form Perso	filed by Mo	re tha	in One Repo	orting	
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date		ate,	Transaction Disposed O Code (Instr. 5)		s Acquired (A) of Of (D) (Instr. 3, 4		and Securi Benefi Owned		ities Ficially (I d Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o	r Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class A Common Stock 01/02/20					025				S ⁽¹⁾		169	D	\$23	4.09	9 14,899			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		vative rities rired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. Represents the sale of shares of Class A common stock to satisfy the Reporting Person's tax withholding obligations in connection with the non-reportable service-based vesting and settlement of restricted stock units.

Remarks:

/s/ Paul Johnston, Attorney-in-01/06/2025

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.