FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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 10b5-1(c). See Instruction 10.

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*     Chakravarthy Arthi					2. Issuer Name <b>and</b> Ticker or Trading Symbol Enovix Corp [ ENVX ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner							
(Last) (First) (Middle) C/O ENOVIX CORPORATION 3501 W. WARREN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 08/20/2024								Officer (give title Other (specify below)  Chief Legal Officer						
(Street) FREMONT CA 94538  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)				d Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)		Price	Transa	Transaction(s) (Instr. 3 and 4)		ľ	,iii3ti. 4)		
Common Stock 08/20/2					2024		Α		4,193(1)		Α	\$0	390,1520		D				
Common Stock 08/20/2					2024		F		2,212(3)		D	\$10.	11 387	387,940(2)		)			
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transac Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ON For Di or (I)	). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Reflects shares of the Issuer's common stock issued to the Reporting Person upon the receipt of a fully vested award of restricted stock units ("RSUs") on August 20, 2024. These RSUs represent the Reporting Person's award bonus earned for the quarter ended June 30, 2024. Each RSU represents a contingent right to receive one share of Issuer's common stock.

Exercisable

- 2. Includes 340,379 shares issuable upon the settlement of RSUs granted to the Reporting Person.
- 3. Reflects the withholding of shares of the Issuer's common stock to satisfy tax withholding obligations in connection with the receipt of a fully vested award of RSUs on August 20, 2024.

(D)

(A)

## Remarks:

/s/ Arthi Chakravarthy 08/21/2024

\*\* Signature of Reporting Person Date

Amount or Number

**Shares** 

Expiration

Date

Title

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).

Code

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.