FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	ated average burden							

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 equily securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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 1	0.																		
Name and Address of Reporting Person* Chakravarthy Arthi										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Chakravaruhy Aruh				1- L								Off:	ctor		10% O					
					2 Day	40 of F	arliest Trar		- /1/4	المسا	(Day (Maas)			-	Officer (give title Other (specify below)					
(Last) (First) (Middle)					4/202		isactio	ı (ıvı	iontn/	Day/rear)				Chief Legal Officer						
C/O ENOVIX CORPORATION				"																
3501 W. WARREN AVENUE				4 If Amandment Date of Original Filed (Month/For/Original						1	6 Individual or Joint/Croup Filing (Chook Applicable									
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)							ppiicable								
FREMO	NT CA	Δ 0	4538											Form filed by One Reporting Person						
FREMONT CA 94538												For Per	n filed by Mo	re tha	n One Rep	orting				
(City)	(St	ate) (Ž	Zip)												1 61	5011				
		Table	I - No	n-Deriva	tive S	ecui	rities Ac	quire	d,	Dis	posed of,	or I	Ben	efici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		Cod	Transaction Disposed Of (D) (Ir Code (Instr. 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Cod	le	v	Amount	(A) (D)	or	Price	Trans	saction(s) r. 3 and 4)			(111341. 4)	
Common	Common Stock 08/24/2			2024	D24 F 2,212 ⁽¹⁾ D		\$10 .	57 38	7 385,728(2)		D									
		Tal									osed of, o					ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expi (Moi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		g nstr.	8. Price of Derivative Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
													or	ount nber						

Explanation of Responses:

1. Reflects the withholding of shares of the Issuer's common stock to satisfy tax withholding obligations in connection with the vesting of restricted stock units ("RSUs") on August 24, 2024. Each RSU represents a contingent right to receive one share of the Issuer's common stock.

Exercisable

Date

(A) (D)

2. Includes 336,186 shares issuable upon the settlement of RSUs granted to the Reporting Person.

Remarks:

/s/ Arthi Chakravarthy

Shares

08/26/2024

** 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).

Code V

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.