FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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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. Name and Address of Reporting Person* ATKINS BETSY S					2. Issuer Name and Ticker or Trading Symbol <u>Enovix Corp</u> [ENVX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Fi	First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023								Officer (give title below)			Other (speci below)		
C/O ENOVIX CORPORATION 3501 W. WARREN AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FREMONT CA 94538												Х	Form filed by One Reporting Person Form filed by More than One Reporting Person						
					Ru	le 10)b5-1(c)	Tran	sac	tion Ind	licatio	n							
(City)	(St	ate) (2	(Zip) Check this box to indicate that a transaction was made pursu to satisfy the affirmative defense conditions of Rule 10b5-1(c)									uant to c). See	a conti Instruc	ract, ins	truction or wi	ritten	plan that is ir	itended	
		Table	I - No	n-Deriva	tive S	Secur	rities Acc	juired,	Dis	posed of	f, or Be	nefic	ially	Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)					4 and Securities Beneficially Owned Following		ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	, I	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 06/20/20								s		4,528(1)	D	\$15	.02	02 195,369 ⁽²⁾			D		
		Tab	ole II -				ies Acqu varrants,							Dwne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Number Code (Instr. of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative d Security S (Instr. 5) B F F R T		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	

Explanation of Responses:

1. The price reported in Column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$15.01 to \$15.06, inclusive. The Reporting Person undertakes to provide the Issuer, any security holder of the Issuer, or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(D)

Date

Exercisable

Expiration

Date

2. Includes 7,336 shares issuable upon the settlement of restricted stock units ("RSUs") granted to the Reporting Person. Each RSU represents a contingent right to receive one share of the Issuer's common stock.

Remarks:

<u>/s/ Steffen Pietzke, Attorney-</u> in-Fact for Betsy S. Atkins

Amount or Number

Shares

of

Title

06/21/2023

** 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.

Code

V (A)

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.