FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasiliigton,	D.C.	20040

STATEMENT	ΩF	CHANGES	IN R	ENEFICIAL	<b>OWNERSHIP</b>
SIAIEMENI	UF	CHANGES	IIN D	ENEFICIAL	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

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

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-

Instruction 1(b)

1. Name and Address of Reporting Person* <u>Ahmad Farhan</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Enovix Corp [ ENVX ]									(Chec	k all app Direc	ctor 10		` ′ 10% O	)% Owner	
	,	PORATION	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/20/2024							Officer (give title Other (specify below)  Chief Financial Officer						
(Street) FREMO			94538 Zip)		4. If A	mendr	ment, [	Date o	f Origina	al File	d (Month/Da	y/Year)		6. Indi Line)	Form	r Joint/Grou filed by One filed by Mo on	e Reportir	ng Pers	son
(Oity)	(0)			n-Deriva	l tive S	ecur	ities	Acq	uired.	, Dis	posed of	, or B	ene	 ficially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				tion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) (D)	(A) or (D) Pri		Reported Transaction(s) (Instr. 3 and 4)				(111501. 4)		
Common Stock 08/20/2				08/20/2	2024		A		4,525(1)	A		\$ <mark>0</mark>	441,124 <sup>(2)</sup>		D				
Common Stock 08/20/2			08/20/2	2024			F		2,523(3)	D		\$10.11	.11 438,601 <sup>(2)</sup>		D				
		Та								•	osed of, convertib			-	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any			ansaction of ode (Instr. Derivation		ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/N		te	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		De Se (In	rivative der curity Sec str. 5) Be Ow Fol Re Tra	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A) (D)				Expiration Date	Title	Amo or Num of Shar	ber					

## **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.
- $2. \ Includes \ 407,\!036 \ shares \ is suable \ upon \ the \ settlement \ of \ RSUs \ granted \ to \ the \ Reporting \ Person.$
- 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.

## Remarks:

/s/ Arthi Chakravarthy,

Attorney-in-Fact for Farhan 08/21/2024

Ahmad

\*\* 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.