| SEC Form 4 FORM 4 | UNITE | | TES S | ECURITI | ES AN | ID E | ХСНА | NGE C | OMMI | SSION | | | | | |
|--|-----------------|----------|--|--|---------------------|---------------------------------|--------------|---|---------------------|--|--|---|--|---|--|
| - | ton, D.C. 20549 | | | | | | OMB APPROVAL | | | | | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Freve Maria G | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Symbotic Inc.</u> [SYM] | | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% | | | | |
| (Last) (First) C/O SYMBOTIC INC. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2024 | | | | | | | X Officer below) | | Remark | Other (s below) | pecny | |
| 200 RESEARCH DRIVE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) WILMINGTON MA | 01887 | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | Table I - Nor | n-Deriva | ative Se | curities A | cquired | , Dis | posed o | of, or Be | neficial | y Owned | I | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | 2A. Deemed Execution Date, f any Month/Day/Year) | Code | Transaction D Code (Instr. 5 | | Securities Acquired (A) isposed Of (D) (Instr. 3, | | Beneficia | es ally following | 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 | Transact (Instr. 3 a | ion(s) | | | (| |
| | | | | urities Aco s, warrant | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day, | Execution | Date, Tr | ransaction ode (Instr. | | Expiration (Month/I | on Dat | | 7. Title and of Securiti Underlying Derivative (Instr. 3 ar | es 9 Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | |

or Number Expiration Date Date Exercisable of Shares v (D) Code (A) Title Restricted Class A (1) 04/23/2024 (2) 13,727 D Stock Units Α 13,727 (2) Common Stock \$<mark>0</mark> 13,727

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Class A common stock.

2. The restricted stock units vest as follows: 1/3 of the restricted stock units vest on April 23, 2025, and 1/12 of the restricted stock units vest quarterly thereafter, subject to the Reporting Person continued service with the Issuer on the applicable vesting dates.

Remarks:

Reporting Person's title is VP, Controller and Chief Accounting Officer

/s/ Corey Dufresne, Attorneyin-Fact for Maria G. Freve

04/25/2024

** 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). 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.