

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>SOFTBANK GROUP CORP.</u> _____ (Last) (First) (Middle) 1-7-1, KAIGAN _____ (Street) MINATO-KU M0 105-7537 TOKYO _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2023	3. Issuer Name and Ticker or Trading Symbol <u>Symbotic Inc. [SYM]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) _____ Other (specify below) _____	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	20,000,000	I	By SVF II SPAC Investment 3 (DE) LLC ⁽¹⁾
Class A Common Stock	2,000,000	I	By SB Northstar LP ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Instr. 4)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>SOFTBANK GROUP CORP.</u> _____ (Last) (First) (Middle) 1-7-1, KAIGAN _____ (Street) MINATO-KU M0 105-7537 TOKYO _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>SB Northstar GP</u> _____ (Last) (First) (Middle) C/O WALKERS, 190 ELGIN AVENUE _____ (Street) GEORGE TOWN E9 KY1-9008 _____ (City) (State) (Zip)
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