Instruction 1(b).

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

| Machinatan | D C | 20540 | |
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| Nashington, | D.C. | 20049 | |

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| hours per response | : 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Booth Matthew | | | | 2. Issuer Name and Ticker or Trading Symbol Urgent.ly Inc. [ULY] | | | | | | | | Relationshineck all app \overline{X} Direction | , | ng Pei | rson(s) to Is | | | | |
|--|---|--|---------------|--|---|--|---|--|---|--|---|--|---|--|--|---|--|------------|--|
| (Last) | (Fir GENT.LY II | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024 | | | | | | | | A belov | er (give title w) EF EXECU | | Other (s below) E OFFICI | ` | | |
| 8609 WESTWOOD CENTER DRIVE, SUITE 810 | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) VIENNA | A VA | . 2 | 2182 | | | | | | | | | | | | | n filed by On n filed by Mo on | | • | |
| (City) | (Sta | ate) (Ž | 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 | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or l | Ben | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Dat | | Date, | Transaction Dispo | | Disposed (| ecurities Acquired (A osed Of (D) (Instr. 3, | | | d Securi Benefi Owned | ities Fo icially (D d Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) |) or) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/20/ | | | | 02/20/2 | 2024 | | F ⁽¹⁾ | | 24,296 |] | D | \$1.9 | .91 298,019 | | | D | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | f | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y O Fo O (I) | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nur of | ount mber ares | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.

/s/ Timothy C. Huffmyer, by power of attorney

02/22/2024

** 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.