FORM 4

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

Washington, D.C. 2	.0049	

**OMB APPROVAL** 

- 1							
	OMB Number:	3235-0287					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 10b5-1(c). See Instruction 10.

## 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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Huffmyer Timothy C.</u>					Urgent.ly Inc. [ ULY ]									Director			10% Ov	vner		
		0 0			2 De	.tf [	aulia a t	Trans	antina (	Manth	/Day/Vaas)			7	Office below	er (give title		Other (s	specify	
(Last) (First) (Middle) C/O URGENT.LY INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024									Chief Financial Officer							
8609 WESTWOOD CENTER DRIVE, SUITE 810																				
6007 WEST WOOD CENTER DRIVE, SUITE 810					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)	Form	filed by One	e Renor	rtina Persi	on	
VIENNA	VA	. 2	2182													filed by Moi		•		
(City)	(Sta	ato) (7	Zip)												Perso	n				
(City)	(30	(2	_ip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	, Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transaction			on 2A. Deemed Execution Date,			3. Transa	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4			) or 4 and	or 5. Amount of			Ownership rm: Direct	7. Nature of Indirect					
			(Month/Day			Code (Instr. 5)				Benefic Owned	cially Following	(D) or I	or Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)						
						Code	v	Amount	(A) or Pr		Price	Reported Transaction(s) (Instr. 3 and 4)								
Common Stock 11/07/20					024				150.000(1)	+ ' '		\$0.572			ļ	D				
Common	Stock			11/0//20	024				Α		130,000	) A	,	<b>p</b> U.372	40	7,974		υ <u> </u>		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pu	its, ca	alis, v	varra	ants,	optio	ns, o	convertib	le se	curi	ties)						
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. De Execu if any	ion Date,	4. Transa Code (		5. Number of Derivative		6. Date Exerc Expiration Day/		ate	7. Title and Amount of Securities		De	Price of rivative curity	9. Number derivative Securities	0	0. wnership orm:	11. Nature of Indirect Beneficial	
(Instr. 3)	Price of Derivative	, , ,	(Month	n/Day/Year)	8)			Unde			Deriv	Underlying Derivative Security (Instr. 3 and 4)		Instr. 5) Benefici Owned		or Indi	irect (D) r Indirect	Ownership (Instr. 4)		
	Security							Disposed of (D) (Instr. 3, 4							Following Reported Transaction(s (Instr. 4)	- ["	) (Instr. 4)	1)		
																n(s)				
				İ									Amo	unt						
									Date		Expiration		or Num of	ber						
					Code	v	(A)	(D)	Exerci	sable	Date	Title	Shar	es						

## **Explanation of Responses:**

1. The reported shares are represented by RSUs which vest in four equal annual installments beginning on November 7, 2025.

/s/ Timothy C. Huffmyer 11/12/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.