### FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Olivan Javier					Meta Platforms, Inc. [ META ]								. 11	,			
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)				
C/O META PLATFORMS, INC., 1 META WAY					8/17/2023								Chief Operat	ing Offic	er		
	(Stree	et)		4. I	fAn	nendmer	nt, Date On	rigin	al File	d (MM/D	D/YYY	YY) (	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
MENLO PARK, CA 94025													_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)												-					
			Table I -	Non-Der	ivati	ve Secu	rities Acq	uire	ed, Dis	sposed o	f, or	Benef	ficially Owne	d			
1. Title of Security (Instr. 3)		Trans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			Fol	5. Amount of Securities B Following Reported Trans (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership		
							Code	V	Amou	(A) or (D)	Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common Sto	ock		8	8/17/2023			S <sup>(1)</sup>		4,27	7 <b>D</b>	\$29	93			82,858	D	
Class A Common Sto	ock														8,622		By Olivan D LLC (2)
Class A Common Sto	ock														2,999	I	By Olivan Reinhold D LLC (3)
Class A Common Sto	ock														8,622	I	By Reinhold D LLC (4)
	Tabl	le II - Der	ivative Se	ecurities l	Bene	ficially	Owned (e	2.g.,	puts,	calls, wa	rran	ts, op	tions, conver	tible secu	ırities)		
Security Conversion Date Execution		3A. Deemed Execution Date, if any	(Instr. 8)	Acqu Disp		umber of vative Securities aired (A) or osed of (D) r. 3, 4 and 5)		and Expiration Date Securit Derivat			rities U	Underlying Derivative Security (Instr. 5)		derivative Securities Beneficially Owned Following	Ownership of Form of Derivative (Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date Title		Amou	nt or Number of		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) The sale reported was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 11, 2022.
- (2) Shares held of record by the reporting person, manager of Olivan D LLC.
- (3) Shares held of record by the reporting person and his spouse, managers of Olivan Reinhold D LLC.
- (4) Shares held of record by the reporting person's spouse, manager of Reinhold D LLC.

### **Reporting Owners**

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Olivan Javier								
C/O META PLATFORMS, INC.			CL:-f O					
1 META WAY			Chief Operating Officer					

MENLO PARK, CA 94025	
Signatures	
/s/ Erin Guldiken, attorney-in-fact for Javier Olivan	8/18/2023
**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 control number.