### 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 APPROVAL
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# 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				
1. Name and Address of Reporting Person *				2	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
																(Check all app
Goodsell Eri	n			V	Veav	e Com	munica	tior	ıs, In	c. [ WI	EAV					
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							Director				
													X_ Officer (give title below) Other (specify below)			
C/O WEAVE COMMUNICATIONS,					6/16/2025							Chief Legal (	Chief Legal Officer & Corp.Sec			
INC., 1331 W				,			0,1	,, _ 0								
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)						Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Line)				
								_								
LEHI, UT 84043					<u> </u>							X_Form filed by One Reporting Person				
(Ci	ity) (Stat	te) (Zip	o)								Form filed by	Form filed by More than One Reporting Person				
			Table 1	I - Non-D	erivat	ive Secu	rities Acq	uire	ed, Dis	posed of	f, or l	<b>Beneficially Owne</b>	ed			
1.Title of Security				2. Trans. Dat		Deemed	3. Trans. Co	de		rities Acqu					6.	7. Nature
(Instr. 3)				Execution (Instr. 8) Date, if any								Following Reported Transaction(s) (Instr. 3 and 4)			of Indirect Beneficial	
				Date, if any				(Ilisti. 5, 4 and 5)			(Ilisti. 5 and 4)				Ownership	
										(A) or					or Indirect (I) (Instr.	(Instr. 4)
							Code	V	Amou	. /	Pric	e			4)	
Common Stock				6/16/2025			S <sup>(1)</sup>		7,47	2 D	\$8.5	9		584,657	D	
									1			•				
	Tabl	le II - Der	ivative	Securitie	s Ben	eficially	Owned (	e.g.,	puts,	calls, wa	rrant	s, options, conver	tible secu	rities)		
1. Title of Derivate	2.	3. Trans.	3A. Dee			5. Numb			ate Exer			e and Amount of		9. Number of	10.	11. Nature
Security Conversion or Exercise Price of Derivative Security (Instr. 3) Execution Date, if any Security (Instr. 3) (Instr. 3) Date Execution Date, if any Security (Instr. 4) (Instr. 4) (Instr. 5) (Instr. 5) (Instr. 6) (I								ties Underlying tive Security	Derivative Security	derivative Securities	Ownership Form of	of Indirect Beneficial				
		any	Disposed		of (D)					3 and 4)	4) (Instr. 5)	Beneficially	Derivative	Ownership		
				(Instr. 3,	r. 3, 4 and 5)							Owned Following	Security: Direct (D)	(Instr. 4)		
	Security					-				<b>.</b>				Reported	or Indirect	
				Code	.   <sub>v</sub>	(A)	(D)	Date	e rcisable	Expiration Date		Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
		L		Code	, v	(A)	(D)						<u> </u>	(mstr. 4)	4)	

### **Explanation of Responses:**

(1) Represents the aggregate number of shares of the Issuer's common stock sold by the Reporting Person on June 16, 2025 to cover taxes due upon the release and settlement of the restricted stock units.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Goodsell Erin C/O WEAVE COMMUNICATIONS, INC. 1331 W. POWELL WAY LEHI, UT 84043			Chief Legal Officer & Corp.Sec				

#### **Signatures**

/s/ Erin Goodsell	6/18/2025		
**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.