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. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
														(Check all app	olicable)			
Warnick Jas	on				R	obin	hood	Mark	ets,	Inc. [HOO	D]						
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner					
													Officer (give title below) Other (specify below)					
C/O ROBINHOOD MARKETS,						12/9/2024								Chief Financial Officer				
INC., 85 WI			,															
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
								ŕ		C			ĺ					ŕ
MENLO PARK, CA 94025						_							X Form filed by One Reporting Person					
(City) (State) (Zip)					Form filed by More than One Reporting Person													
			Table	e I - No	on-De	rivati	ve Sec	urities A	Acqu	iired, Di	sposed	of, or	Ben	eficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. Da				2A. De		3. Trans. Code										7. Nature		
				Execution Date, if any		(Instr. 8)		Disposed (Instr. 3,							Ownership of Indir Form: Benefic	of Indirect Beneficial		
							,			,	<u> </u>			,				Ownership
											(A) or						or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amount	(D)	Price					4)	
Class A Common St	tock			12/9/2	2024			S		150,000	D	\$40.1213	3 (1)			860,846	D	
	Tab	le II - Der	ivativ	ve Secu	ırities	Bene	ficially	y Owned	l (<i>e.</i> ¿	g., puts,	calls, w	arran	ts, o	ptions, conver	tible secu	rities)		
1. Title of Derivate	2. Conversion	3. Trans. Date					5. Number of									9. Number of	10.	11. Nature
Security (Instr. 3)	or Exercise		Execution (Date, if any		(Instr. 8	Derivative Securities Acquired (A) or		ies a	·					curity Security	Securities	Ownership Form of	Beneficial	
	Price of Derivative Security			-			Disposed of ((Instr. 3, 4 and				(Instr	r. 3 an	(Instr. 5)		Beneficially Owned	Derivative Security:	Ownership (Instr. 4)	
						(In		usu. 5, 4 and 5)								Following	Direct (D)	(IIISu. 4)
									I	Date	Expiration	on Title	Amo	ount or Number of		Reported Transaction(s)	or Indirect	
					Code	V	(A)	(D)	I	Exercisable		Title	Shar	res		(Instr. 4)	4)	

Explanation of Responses:

(1) This transaction was executed in multiple trades during the day at prices ranging from \$39.26 to \$42.00. The weighted-average price is reported above. The Reporting Person hereby undertakes to provide to the SEC staff, the Issuer, or any security holder of the Issuer, upon request, full information regarding the number of shares and prices at which the trades were made.

Reporting Owners

reporting 5 where								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Warnick Jason								
C/O ROBINHOOD MARKETS, INC.		Chief Eineneiel O						
85 WILLOW ROAD			Chief Financial Officer					
MENLO PARK, CA 94025								

Signatures

/s/ Brandon Webb, attorney-in-fact for Jason Warnick

12/11/2024

**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 control number.