## FORM 4

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

OMB APPROVAL
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).

#### 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 an														
1. Name and Address of Reporting Person* Harris Lawrence G			2. Issuer Name and Ticker or Trading Symbol Kubient, Inc. [KBNT]					:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O KUBIENT, INC., 500 7TH AVENUE 8TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 03/09/2022						Office	r (give title belo	ow)	Other (specify	pelow)	
(Street) NEW YORK, NY 10018			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City	)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Dispose				osed of, or l	Beneficially	Owned				
1.Title of S (Instr. 3)	nstr. 3) Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D (Instr. 8) (Instr. 3, 4 and 5)  Month/Day/Year) (A) or		f(D)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Common Stock 03/09/202		03/09/2022		A	6,0	549	A 5	\$ 0	6,649			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficially ov		•		respon	d to t	he collec	tion of in	formation	SEC	1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Securities, was	ies Acquire	Persons containe the forn	who we who we would be with the weight and wisplands with the weight and with the weight and weight and with the weight and weight a	his forn lays a c or Bene	n are urrer ficiall	not requ ntly valid		formation spond unle trol numbe	ss	1474 (9-02)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Harris Lawrence G C/O KUBIENT, INC. 500 7TH AVENUE 8TH FLOOR NEW YORK, NY 10018	X					

#### **Signatures**

/s/ Lawrence Harris	03/14/2022
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.