FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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

ı	Address of Repo at Simon J.	Requiring S	Date of Event equiring Statement lonth/Day/Year) 0/14/2021  3. Issuer Name <b>and</b> Ticker or Trading Symbol  Kyndryl Holdings, Inc. [KD]								
(Last) (First) (Middle) ONE VANDERBILT AVENUE, 15TH FLOOR  (Street) NEW YORK 10017				4. Relationship of Reporting Polissuer (Check all applicable)  X Director  X Officer (give title below)  President		10% C Other below)	10% Owner Other (specify below)		5. If Amendment, Date of 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 Beneficially Owned											
1. Title of Security (Instr. 4)				1		unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiratio (Month/E			Expiration D	ate Exercisable and iration Date nth/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		4. Conversor Exer	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Amount or Security Number of		Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Simon J. Beaumont</u> <u>10/14/2021</u>

\*\* 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 5 (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.