SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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 <sup>*</sup> Sedlarcik Frank P.			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 10/14/2021 3. Issuer Name <b>and</b> Ticker or Trading Symbol Kyndryl Holdings, Inc. [KD]						
	ONE VANDERBILT AVENUE, 15TH				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
Street) NEW YORK	NY	10017			X Director X Officer (give title below) Secretar	below)	(specify		eck Applicable Form filed Person	by One Reporting by More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
		Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned			
1. Title of Sec	curity (Instr. 4)		ble I - Non	2	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. I)	3. Own Form: I (D) or II (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr.	
1. Title of See	curity (Instr. 4)		Table II - D	2 E Perivative	2. Amount of Securities Beneficially Owned (Instr.	3. Own Form: I (D) or I (I) (Inst	ership Direct ndirect r. 5)	Own		
	curity (Instr. 4)	(e.g. ty (Instr. 4)	Table II - D	Perivative Is, warrar cisable and ate	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Own Form: I (D) or II (I) (Inst ible sec ecurities	ership Direct ndirect r. 5)	Sion		

**Explanation of Responses:** 

No securities are beneficially owned.

## /s/ Frank Sedlarcik

10/14/2021 Date

\*\* Signature of Reporting Person

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.