FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL 3235-0287 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

| Name and Address of Reporting Person* Keinan Elly | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kyndryl Holdings, Inc. [KD] | | | | | | | | | ck all app Direc | ctor 10% C | | 10% Ov | ner | |
|--|--|--|--------|---|--|--|---------|---|-----------------|---|--------------------|---|--|-------------------|---|---|---|---|---|--|
| (Last) | (Fir | , | OOR | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024 | | | | | | | | V | Officer (give title Other (specify below) Group President | | | | | | | |
| ONE VANDERBILT AVENUE, 15TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | ODIZ NI | 7 1 | 0017 | | | | | | | | | | | V. | _ | filed by On | e Repor | rting Perso | on | |
| NEW YO | NEW YORK NY 10017 | | | | Form filed by More than One Re Person | | | | | | | | | One Repo | orting | | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | 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. | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | ution [| eemed ution Date, :h/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5) | | | es Acquired (A) Of (D) (Instr. 3, | | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A (D |) or | Price | | ted action(s) 3 and 4) | | | Instr. 4) | |
| Common Stock 06/03/2 | | | | | 2024 | | | | A | | 100,492(| 1) | A | \$ <mark>0</mark> | 82 | 829,680 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De Se (In | Price of erivative ecurity 1str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y O Fo O (I) | 0. Ownership orm: Direct (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |

Explanation of Responses:

1. Represents a grant of Restricted Stock Units that vest in four equal annual installments beginning on June 3, 2025.

/s/ Evan Barth, attorney-in-

fact

** Signature of Reporting Person Date

06/05/2024

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 Number.