FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person*  GOLDMAN SACHS GROUP INC					2. Issuer Name and Ticker or Trading Symbol  Kyndryl Holdings, Inc. [KD]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last) (First) (Middle) 200 WEST STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022									Officer (give title Other (specify below) below)							
(Street) NEW YORK NY 10282 (City) (State) (Zip)				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
		Table	I - Non-l	Deriva	tive	Secu	rities	Ac	quire	d, Di	sposed of	, or B	enefi	cial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				е	Year)	Execut if any	A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Ins 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Ì	Code	v	Amount	(A) or (D)	Price	,	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common stock, par value \$0.01 per share 05/24/20:				22	22		S		380,000	D \$12		.2(1)	22,307,055				See Footnote <sup>(2)</sup>			
		Tal									oosed of, o				Owne	d				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		e.g., pu		alls, v	5. Nu	imber vative vative virties vired r osed )	6. Dat	ons,	convertib	7. Title Amour Securi Under Deriva	e and nt of ities lying itive ity (Insti	8. D. S. (II	Owned  Price of erivative ecurity nstr. 5)	9. Number derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	of Indirect Beneficial Ownershi t (Instr. 4)	
	Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deeme Execution if any	e.g., pu	4. Transa	alls, v	5. Nu of Deriv Secu Acqui (A) or Disport of (D) (Instr	imber vative vative virties vired r osed )	6. Date	ons, te Exer	convertib cisable and late Year)	7. Title Amour Securi Under Deriva Securi	e and nt of ities lying itive ity (Insti	8. Di Si (li	Price of erivative ecurity	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e es ally g	Ownersh Form: Direct (D or Indire	Beneficial Ownershi ct (Instr. 4)	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date	(e 3A. Deeme Execution if any (Month/Da	e.g., pu	4. Transa Code ( 8)	alls, vaction (Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	ants mber vative prities prosed r osed r r os, 3, 4	6. Date	ons, te Exer ation I th/Day	convertib cisable and late Year)	7. Title Amou Securi Under Deriva Securi 3 and	e and nt of ities lying litive ity (Insti 4)	8. Di Si (li	Price of erivative ecurity	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e es ally g	Ownersh Form: Direct (D or Indire	of Indirect Beneficial Ownershi t (Instr. 4)	
Derivative Security (Instr. 3)  1. Name a GOLD (Last)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  f Reporting Person CHS GROU (First)	(e 3A. Deeme Execution if any (Month/Da	e.g., pu	4. Transa Code ( 8)	alls, vaction (Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	ants mber vative prities prosed r osed r r os, 3, 4	6. Date	ons, te Exer ation I th/Day	convertib cisable and late Year)	7. Title Amou Securi Under Deriva Securi 3 and	e and nt of ities lying litive ity (Insti 4)	8. Di Si (li	Price of erivative ecurity	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e es ally g	Ownersh Form: Direct (D or Indire	of Indirec Beneficial Ownershi t (Instr. 4)	

1. Name and Address of Reporting Person GOLDMAN SACHS & CO. LLC

(Middle) (Last) (First) 200 WEST STREET

(State)

(Zip)

(Street)

(City)

**NEW YORK** NY

(City) (State) (Zip)

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.91 to \$12.45, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 2. This statement is being filed by The Goldman Sachs Group, Inc. ("GS Group") and Goldman Sachs & Co. LLC ("Goldman Sachs"). Goldman Sachs is a subsidiary of GS Group. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein, if any, and this report shall not be deemed an admission that any such Reporting Person is the beneficial owner of, or has any pecuniary interest in, such securities for purposes of Section 16 of the Exchange Act, or for any other purpose.

### Remarks:

/s/ Crystal Orgill, Attorney-in- 05/26/2022 fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.