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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | STA |
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| 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

| 1. Name and Address of Reporting Person* <u>CHARBONNIER MARYJO</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kyndryl Holdings, Inc. [KD] | | | | | | | | | all app Direc | tor | ng Per | 10% Ov | vner |
|---|---|--------------------------|---------|---|---|--|--|------------------------------|--|---------|---|---------------------|---|---|--|---|--|--|------|
| (Last) ONE VA | (Fir | rst) (N Γ AVENUE, 157 | Middle) | OOR | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023 | | | | | | | | X | belov | er (give title v) Human R | lesou | Other (s below) rces Offic | · |
| (Street) NEW YO | | | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | Bi | 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. | | | | | | | | | | nded to | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | tion | 2A. D Exec if any | Deemed cution Date, | | uired, Disposed of, or I 3. | | | s Acqu | Acquired (A) or | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| C | C+l- | | | | 2022 | | Code | v | Amount | (A) (D) | FIIC | Transa (Instr. 3 | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 11/03/2023 F 5,459(1) D \$15.25 107,341 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) of Dispo | Derivative (Modern teach | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |

Explanation of Responses:

1. Represents the withholding from delivery of shares of Common Stock from the Issuer to satisfy the Reporting Person's tax withholding obligation upon the vesting of 10,692 restricted stock units previously granted on August 2,2021 to the Reporting Person. These shares of Common Stock were not sold by the Reporting Person but were instead offset from the total number of vested shares of Common Stock received by the Reporting Person from the Issuer.

/s/ Evan Barth, attorney-in-

fact

** Signature of Reporting Person

Date

11/07/2023

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.