Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| 1 | OMB Number: | 3235-0287 | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 1 | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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 [*] Blumofe Robert | | uer Name and Tick AMAI TECH | | Symbol I <u>ES INC</u> [AKAM | (Check | tionship of Reportin all applicable) Director Officer (give title | 10% C | |
|--|------------------------|---------------------------------------|-------------------|--|--------------------------|--|------------------------------|--------------------------|
| (Last) (First) (Middle) C/O AKAMAI TECHNOLOGIES, INC. | | te of Earliest Transa 4/2024 | action (Month/ | /Day/Year) | | below) | below ology Officer |) |
| 145 BROADWAY | 4. If A | mendment, Date of | f Original Filed | d (Month/Day/Year) | Line) | vidual or Joint/Grou | | |
| (Street) CAMBRIDGE MA 02142 | | | | | 7 | Form filed by On Form filed by Mo Person | | |
| (City) (State) (Zip) | | Check this box to indic | ate that a trans | tion Indication action was made pursuant to ons of Rule 10b5-1(c). See I | o a contra nstructior | act, instruction or writ | ten plan that is int | ended to |
| Table I - No | n-Derivative S | Securities Acq | uired, Dis | posed of, or Benet | ficially | Owned | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |

| | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | | | | | Beneficially Owned Following Reported | | Beneficial Ownership (Instr. 4) |
|--------------|------------------|----------------------------|--------------------|---|--------|---------------|---------|---|---|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150. 4) |
| Common Stock | 06/14/2024 | | S | | 219 | D | \$88.34 | 24,510 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Thomas M. Lair, as power 06/17/

06/17/2024

** Signature of Reporting Person Date

of attorney

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.