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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response	0.5								

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		isable and	7. Title an Amount o Securities Underlyin Derivative Security ( 3 and 4)		d f	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Tal					ties Acqu								d				
Common Stock 05/02/2						$\top$	A 85,144 <sup>(1)</sup> A \$0 512,808				D								
								Code	v	Amount (A		(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction 2A. Deemed Execution Date,		3. 4. Securities A Disposed Of (E Code (Instr. 5)			es Acquired (A) of Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
		Table	I - Nor	n-Deriva	tive	Secui	rities Acq	uired,	Dis	posed of	, or	r Ben	eficia	ally Own	ed				
(City) (State) (Zip) Check this box to indicate that a transaction was made pursus satisfy the affirmative defense conditions of Rule 10b5-1(c). S										pursuan	t to a contract, instruction or written plan that is intended to elimination 10.								
SACRAMENTO CA 95605				Rule 10b5-1(c) Transaction Indication															
(Street) WEST														filed by Mo		•			
930 RIVERSIDE PARKWAY, SUITE 10								_			-		Lin	- /	i filed by On	e Reporti	ng Pers	on	
C/O ORIGIN MATERIALS, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)						6.	6. Individual or Joint/Group Filing (Check Applicable							
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2024							Office below	er (give title v)		Other (s	specify		
Hickox John					Origin Materials, Inc. [ ORGN ]						_  (CI	neck all app  X Direct	' '		10% Owner				
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer						

## **Explanation of Responses:**

1. Represents the number of shares of Common Stock underlying restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of the Issuer's Common Stock. The RSUs vest on the earlier of May 2, 2025 or the Issuer's next annual meeting of stockholders, provided that Reporting Person continues to provide services to the Company through such vesting date. Pursuant to a Deferral Election Form, the Reporting Person elected to defer the receipt of such shares to a future date.

(D)

(A)

Date Exercisable

/s/ Ron A. Metzger, Attorney-

Numbe

of Shares

Title

05/06/2024

Date

in-Fact

Expiration 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 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).

Code

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.