Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Hansen Matthew Royce						2. Issuer Name and Ticker or Trading Symbol nCino, Inc. [NCNO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Product Officer				
(Last) (First) (Middle) 6770 PARKER FARM DRIVE, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) $01/09/2024$													
(Street) WILMINGTON NC 28405				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(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. Trans Date			2. Transact	ion	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) or 5. Amount of		unt of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	r Price		Transa	ed ction(s) 3 and 4)		(Instr. 4)	
Common Stock 01/09/				01/09/2	024				S		5,948(1)	D	\$34.	647 22		8,514	D	
Common Stock															1,1	40,091	I	By 1400 MH Gift LLC ⁽²⁾
Common Stock														406,892		I	By 1400 TH Gift LLC ⁽²⁾	
	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	eemed tion Date, n/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe	r osed) r. 3, 4	6. Date Exerc Expiration Day/N		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. These shares were sold to cover tax withholding due upon vesting of RSUs. Such "sales to cover" are mandated by the Issuer's equity incentive plans to satisfy tax withholding obligations and do not represent a discretionary trade by the reporting person.
- 2. The reporting person serves as sole manager of each of 1400 TH Gift LLC and 1400 MH Gift LLC. The reporting person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein.

Remarks:

/s/ Jeanette Sellers, Attorneyin-fact for Matthew Royce

01/11/2024

Hansen

** Signature of Reporting Person Date

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.