Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **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

| Name and Address of Reporting Person*     Allison Jonathan   |   |   |           |   | 2. Issuer Name and Ticker or Trading Symbol Root, Inc. [ ROOT ] |   |        |  |                     |   |                                      |                    |                                  |  | k all app<br>Direc  | licable)<br>tor  | •  | rson(s) to Is                                       | vner       |
|--|---|---|-----------|---|---|---|--------|--|---------------------|---|--------------------------------------|--------------------|----------------------------------|--|---|--|--|---|------------|
| (Last)   | , | irst) (I  | Middle)   |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2023     |   |        |  |                     |   |                                      |                    |                                  | X  | belov   | ,  |  | Other (s<br>below)                                  |            |
| 80 E. RICH STREET, SUITE 500   |   |   |           |   | 4. If <i>I</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |        |  |                     |   |                                      |                    |                                  | 6. Individual or Joint/Group Filing (Check Applicable Line)  |   |  |  |   |            |
| (Street) COLUMBUS OH 43215   |   |   |           |   |   |   |        |  |                     |   |                                      |                    |                                  |  | Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |   |            |
| (City)   |   | 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 - No    | n-Deriva                                | tive S  | Secui   | rities | Acq  | uired,              | , Dis   | posed of                             | , or B             | enefic                           | cially   | / Own   | ed   |  |   |            |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |   |   |           | y/Year) Execu                           |   | Deemed<br>cution Date,<br>y<br>nth/Day/Year)  |        |  |                     |   | es Acquired (A)<br>Of (D) (Instr. 3, |                    | 4 and Secu<br>Bene<br>Owne       |  | cially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)        |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |            |
|  |   |   |           |   |   |   |        |  | Code                | v   | Amount                               | (A) (D)            | Price                            | e  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                    |  |  |   | (Instr. 4) |
| Class A Common Stock 12/18/2   |   |   |           |   | 2023  |   |        |  | F                   |   | 14(1)                                | D                  | \$10                             | 0.41   | 76,752  |  |  | D   |            |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |   |           |   |   |   |        |  |                     |   |                                      |                    |                                  |  |   |  |  |   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  |   |   | ion Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                      | Der<br>Sec<br>(Ins | Price of rivative curity str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |            |
|  |   |   |           | Code                                    |   | v   | (A)    | (D)  | Date<br>Exercisable |   | Expiration<br>Date                   | Title              | or<br>Number<br>of<br>Shares     |  |   |  |  |   |            |

## **Explanation of Responses:**

1. These shares of common stock were withheld by the Issuer to satisfy tax withholding obligations associated with the vesting of restricted stock units.

## Remarks:

/s/ Jodi Baker, Attorney-in-

fact

\*\* Signature of Reporting Person Date

12/20/2023

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.