FORM 4

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

| 549 |
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OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(b).                      |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan |
|--|
| for the purchase or sale of equity   |
| securities of the issuer that is   |
| intended to satisfy the affirmative  |
| defense conditions of Rule 10b5-   |

| 1(c). Se  | ee Instruction   | 10. |          |                                 |  |   |        |   |  |                       |                       |  |                                | _                   |   |  |                                    |   |  |  |
|---|--|-----|----------|---------------------------------|--|---|--------|---|--|-----------------------|-----------------------|--|--------------------------------|---------------------|---|--|------------------------------------|---|--|--|
| Name and Address of Reporting Person*     Allison Jonathan          |  |     |          |                                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Root, Inc. [ ROOT ] |   |        |   |  |                       |                       |  |                                | ck all app<br>Direc | licable)<br>tor   | ing Person(s) to Is  10% Ov  |                                    | vner  |  |  |
| (Last) (First) (Middle) C/O ROOT, INC. 80 E. RICH STREET, SUITE 500 |  |     |          |                                 |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2024 |        |   |  |                       |                       |  |                                |                     | Officer (give title Other (specify below)  Chief Administrative Officer   |  |                                    |   |  |  |
| (Street) COLUMBUS OH 43215 (City) (State) (Zip)                     |  |     |          |                                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |   |        |   |  |                       |                       |  |                                | Line                | Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |                                    |   |  |  |
| (- 4)   |  |     |          | n-Deriva                        | tive \$  | Secu  | rities | Acq   | uired,   | , Dis                 | posed of              | , or E   | 3ene                           | ficial              | ly Own  | ed   |                                    |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day        |  |     |          |                                 |  | Execution Date,   |        |   | 3.<br>Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) |                       |                       |  |                                |                     | ties<br>cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | irect direct I                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |  |     |          |                                 |  |   |        |   | Code   | v                     | Amount                | (A)<br>(D)   | or F                           | rice                | Transa  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)   |                                    |   | (Instr. 4)   |  |
| Class A C   | 2024   |     |          | F                               |  | 14(1)   | Г      |   | 642.69   | 70                    | 70,410                |  |                                |                     |   |  |                                    |   |  |  |
|   |  | Та  | ble II - |                                 |  |   |        |   |  |                       | osed of,<br>convertib |  |                                |                     | Owne  | d  |                                    |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversio<br>or Exercise<br>Price of<br>Derivative<br>Security |     | ) if any | emed<br>ion Date,<br>/Day/Year) |  | Transaction Code (Instr.                                    |        | 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) |  | Exercion Da<br>/Day/Y |                       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                                | S<br>(I             | Price of erivative ecurity nstr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Dire<br>or I<br>(I) ( | nership   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |     |          |                                 | Code   | v   | (A)    | (D)   | Date<br>Exercis  | sable                 | Expiration<br>Date    | Title  | Amo<br>or<br>Num<br>of<br>Shar | ber                 |   |  |                                    |   |  |  |

## **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-

10/18/2024

fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.