FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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UIVIB APPR	OVAL					
OMB Number:	3235-0287					
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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).

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-

## 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(0). 0	ee mstruction	10.																		
Name and Address of Reporting Person*     Allison Jonathan						2. Issuer Name <b>and</b> Ticker or Trading Symbol Root, Inc. [ROOT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Amson Jonathan					1	[ 1001]									Direc			10% Ov		
-					-									_		Office	er (give title		Other (s	specify
(Last)	(I	First) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											,	strati	,	r
C/O ROOT, INC.					12/1	12/16/2024								Chief Administrative Officer						
80 E. RICH STREET, SUITE 500																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)									•		,	•	•	Lir	Line)					
COLUM	BUS (	)H 4	3215												Form filed by One Reporting Person					
COLON.			J213													Form Perso		re tha	n One Repo	orting
(C:t-1)	//	Nata) (	7:\													reisc	ш			
(City)	(,	State) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or	Ben	efici	ally (	Own	ed			
1. Title of	Security (In	str. 3)		2. Transac	tion						(A) or	) or 5. Amount of			6. Ownership		7. Nature			
				Date (Month/Da	y/Year)	Execution Date,			Transaction Disposed Of (I		Of (D) (	of (D) (Instr. 3, 4		and Securit					of Indirect Beneficial	
				(Month/Day/Year)			8)									Ownership (Instr. 4)				
										v	Amount	(A) or Price		Price	Transaction(s) (Instr. 3 and 4)		ction(s)			(1110111. 4)
					-							-			<u> </u>		anu 4)			
Class A C	Common S	tock		12/16/2	2024				F		14(1)	D \$7		<b>\$76</b> .	35 60,557		),557		D	
		Ta	hla II -	Derivati	vo Se	Curit	tios A	7 can	irad [	Dien	osed of,	or B	ono	ficial	ly O	wner	1			
		Tu									onvertib					W1100	•			
1. Title of	2.	3. Transaction	3A. Dec	emed	4.		5. Nu	mber	6. Date	Exerc	isable and	7. Tit	tle an	d	8. Pric	ce of	9. Number		10.	11. Nature
		Execut if anv			ction			Expiration Date Amount of					Deriva Secur		derivative Securities Beneficially Owned Following		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Instr. 3) Price of (Month		/Day/Year)	8)	Code (Instr. 8)		Securities		Ur			Underlying		(Instr.				Direct (D) or Indirect (I) (Instr. 4)	Ownership	
	Derivative Security							Acquired (A) or					Derivative Security (Instr.						(Instr. 4)	
								Disposed					3 and 4)				Reported Transaction(s)		(., (	
							of (D										(Instr. 4)	n(s)		
							and 5)										,			
											Amou		ount							
													or Nu	mber						
					Code	l <sub>v</sub>	(A) (D)		Date Exercisable		Expiration Date	of Title Sh		ares						
					Joue		l (~)	(5)	- VOI OIS	Labie	Date	1	1 511	u. 63						

## **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-

12/18/2024

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.