FORM 4

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

| Washington, D | .C. 20549 |
|---------------|-----------|
|---------------|-----------|

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5     |
| obligations may continue. See       |
| Inaterration 1/h)                   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |       |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 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 <b>and</b> Ticker or Trading Symbol Root, Inc. [ ROOT ]  |  |  |   |   |                    |                    |  |        |  | k all app<br>Direc  | licable)<br>tor   | • | rson(s) to Is  | ner                                   |
|--|--|----------|------------------|---------------|---|--|--|---|---|--------------------|--------------------|--|--------|--|---|---|---|--|---------------------------------------|
| (Last)   | ,  | irst) (I | Middle)          |               | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024   |  |  |   |   |                    |                    |  |        | X  | belov   | ,   |   | Other (s<br>below)   |                                       |
| 80 E. RICH STREET, SUITE 500                                 |  |          |                  |               | 4. If <i>F</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |   |                    |                    |  |        | Individual or Joint/Group Filing (Check Applicable Line) |   |   |   |  |                                       |
| (Street) COLUMBUS OH 43215                                   |  |          |                  |               |   |  |  |   |   |                    |                    |  |        | X  | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |                                       |
| (City)   | (S   | tate) (2 | 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. |  |  |   |   |                    |                    |  |        |  | nded to   |   |   |  |                                       |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |          |                  |               |   |  |  |   |   |                    |                    |  |        |  |   |   |   |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |          |                  | y/Year) Execu |   | Deemed<br>ution Date,<br>/<br>th/Day/Year)               |  | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Ad<br>Disposed Of (D<br>5) |   |                    |                    |  |        |  | ties<br>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)  | or Pri | ce   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                      |   |   |  | (Instr. 4)                            |
| Class A Common Stock 05/16/                                  |  |          |                  |               | 2024  |  |  | F   |   | 14 <sup>(1)</sup>  | D                  | \$6  | 1.81   | 70,804   |   |   | D |  |                                       |
|  |  | Tal      | ble II -         |               |   |  |  |   |   |                    | osed of, convertib |  |        |  | Owne  | d   |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | Derivative Conversion Date Security or Exercise (Month/Day/Year)                 |          | Execut<br>if any |               |   | ansaction<br>ode (Instr.                                 |  | rative<br>rities<br>nired<br>r<br>osed<br>)<br>c. 3, 4                            | 6. Date Exerc<br>Expiration Da<br>(Month/Day/ |                    | ite                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |        | De<br>Se<br>(In:   | Price of<br>rivative<br>curity<br>str. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | у | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |          |                  |               |   |  |  | Date<br>Exercis   | able  | Expiration<br>Date | Title              | 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-

\*\* Signature of Reporting Person

fact

05/20/2024

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.