FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Check this box if no longer subject to

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

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|--|---|---------|--------|--------------------------------------|---|--|-----------------|---|--------------------|---|---|--|--|--|--|-----------------------|-------------|--|----------|
| Name and Address of Reporting Person* Phan Kong | | | | | 2. Issuer Name and Ticker or Trading Symbol Confluent, Inc. [CFLT] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| | | | | | | | | | | | | 1 | Officer (give title | | | Other (s | | | |
| (Last) (First) (Middle) C/O CONFLUENT, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2024 | | | | | | below) below) Chief Accounting Officer | | | | | | | | |
| 899 W. EVELYN AVENUE | | | | | | | | | | | | | | | | | | | |
| (Street) MOUNT VIEW | AIN CA | Λ 9 | 4041 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficia | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | | | | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | | of Indirect | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | (msu. 4) |
| Class A Common Stock 09/26/2 | | | | | 2024 | | A | | 68,124(1) | 24 ⁽¹⁾ A | | \$ <mark>0</mark> | 192,776 | | | D | | | |
| 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) | ve Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | ınt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V (A) (D) | | Date Exercis | able | Expiration Date | Title | of Share | | | | | | | | |

Explanation of Responses:

1. Represents the grant of restricted stock units that vest over two years measured from September 20, 2024, with 1/8th of the restricted stock units vesting three months after September 20, 2024, and 1/8th of the restricted stock units vesting every three months thereafter, subject to the Reporting Person's continued service with the Issuer through each respective vesting date

> /s/ Melanie Vinson, Attorneyin-Fact

09/27/2024

** 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.