FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

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

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

| Name and Address of Reporting Person* Verbowski Chad | | | | 2. Issuer Name and Ticker or Trading Symbol Confluent, Inc. [CFLT] | | | | | | | | | | k all app Direc | olicable) etor | ting Person(s) to | | Owner | |
|--|--|---------|-------------|---|---|---|---|---------------------------|---------------------|--------|--|---------|---|---|--|-----------------------------------|--|--|---|
| (Last) | (Fi NFLUENT | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2023 | | | | | | | | | X | Officer (give title below) Chief Techr | | | Other (s below) y Officer | specily |
| 899 W. EVELYN AVENUE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | r) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MOUNTAIN VIEW CA 94041 | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | lan that is int | ended to | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | ities | Acc | uired, | Dis | posed of | f, or I | 3enef | iciall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution | | | n Date, Transa Code (l | | | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | | | | | | |
| Class A Common Stock 05/23/20 | | | | | | 2023 | | | S | | 8,376(1) | I |) \$2 | 28.82 | 452,270 | | | 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ution Date, | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr | rative rities iired r osed) | 6. Date Expirati | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | Der Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ov Fo Olly Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

1. Represents the number of shares sold by the reporting person to cover the tax obligation realized upon the vesting of restricted stock units previously reported in Table I.

Remarks:

/s/ Melanie Vinson, Attorney- 05/25/2023 in-fact

** 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.