**1. Name and Address of Reporting Person**

Glaser Shelagh  
C/O PUBMATIC, INC.  
601 MARSHALL STREET  
REDWOOD CITY, CA 94063

**2. Issuer Name and Ticker or Trading Symbol**

PubMatic, Inc. [ PUBM ]

**3. Date of Earliest Transaction (Month/Day/Year)**

06/03/2022

**4. Individual or Joint/Group Filing (Check Applicable Line)**

X Form filed by One Reporting Person

**5. Relationship of Reporting Person(s) to Issuer (Check all applicable)**

X Director  
10% Owner  
Officer (give title below)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units</td>
<td>06/03/2022</td>
<td></td>
<td></td>
<td>A</td>
<td>8,065</td>
<td>(D)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's Class A Common Stock upon settlement.

2. The RSUs vest in full on the earliest to occur of (a) the first anniversary of the grant date, (b) immediately prior to the Company's next annual meeting of stockholders, (c) the Reporting Person's death or disability, and (d) a change in control of the Issuer.

3. RSUs do not expire; they either vest or are cancelled prior to vesting date.

**Remarks:**

As/ Thomas Chow, Attorney-in-Fact  
06/07/2022  
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).


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.