FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigion,	D.C.	20049

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	ourden							
- 1	hours nor roomanas:	0.5							

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

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* Welihinda Navam						2. Issuer Name and Ticker or Trading Symbol HashiCorp, Inc. [HCP]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(F SHICORP, 1	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024							X	X Officer (give title below) Other (specify below) CHIEF FINANCIAL OFFICER						
101 SECOND STREET, SUITE 700					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SAN FRANCISCO CA 94105													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	itate)	(Zip)		- R [☐ Che	ck this box	x to indicat	te that a t	ransa	on Indication was madelle 10b5-1(c).	de pursuant	to a contrac ion 10.	t, instruction o	or written pla	an that	is intended to	o satisfy		
		Та	ıble I - Nor	n-Deri	vati	ve Se	curitie	es Acq	uired,	Dis	posed of	, or Ben	eficially	Owned						
			Date	ansaction hth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			Beneficial Owned Fo	ly	Form:	Direct Indirect Itstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	Amount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Class A Common Stock 04/08					08/20	3/2024		С		31,081 A		(1)	93,925			D				
			Table II -								osed of, o			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/)	_ C	l. Transa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)				
Employee Stock Option (right to buy)	\$0.23	04/08/2024			M			31,081	(2)		(2)		04/06/2027	Class B Common Stock	31,081	\$0	82,14	-1	D	
Class B Common Stock	(1)	04/08/2024			M		31,081		(1)		(1)	Class A Common Stock	31,081	\$0	96,10	9	D			
Class B Common Stock	(1)	04/08/2024			С			31,081	(1)		(1)	Class A Common Stock	31,081	\$0	65,02	8	D			

Explanation of Responses:

- 1. Each share of Class B Common Stock is convertible into one share of Class A Common Stock at the option of the holder and has no expiration date.
- 2. The shares underlying the option are fully vested and immediately exercisable.

/s/ Paul Warenski, by power of <u>attorney</u>

** Signature of Reporting Person

04/09/2024

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.