FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

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

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

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 defense conditions of Rule 10b5-1(c). See Instruction 10

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* Munson Gillian				2. Issuer Name <b>and</b> Ticker or Trading Symbol Vimeo, Inc. [ VMEO ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Munson Giman													Direc			10% Ov				
					<del></del>									1	below	er (give title		Other (s	specify	
(Last)	(1	First) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Chief Financial Officer					
C/O VIM	IEO, INC				02/2	02/21/2025								Cinci i manolal officel						
330 WEST 34TH ST, 5TH FLOOR																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable									
(Street)														Line)	_		_	=		
NEW YO	ORK N	Y 1	0001											1		filed by One		•		
															Form Perso	filed by Mo	re than	One Repo	orting	
(City)	(;	State) (2	Zip)												. 0.00					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Socurity (In			2. Transact			eemed		3.		_				5. Amo		6 Own	nership	7. Nature	
i. Title of s	security (ii	su. 3)		Date		Execution Date,			Transaction Disposed Of (D) (Instr. 3,				4 and Securit		ties	Form:	rm: Direct	of Indirect		
				(Month/Day	//Year)	/Year) if any (Month/Day/Ye		(Year)	Code (Instr.		5)		Benef Owne		cially I Following			Beneficial Ownership		
							Ī	Amount (A) or Bei			Report	ed ction(s)			(Instr. 4)					
									Code	٧	Amount	(D)	' Pric	e		3 and 4)				
Common Stock 02/21/20				025			P		7,272	A	\$5	.4084 86		4,287(1)		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, o	convertib	le se	curiti	es)						
Security or Exercise (Month/Day/Year) if any		tion Date, Trans		saction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er						

## **Explanation of Responses:**

1. The total reported in Column 5 includes (i) the newly purchased shares, (ii) grants totaling 275,934 restricted stock units previously awarded to the Reporting Person and (iii) 581,081 shares of the Issuer's Common Stock.

## Remarks:

/s/ Jessica Tracy as Attorneyin-Fact for Gillian Munson

02/24/2025

\*\* 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.