FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20049 | |
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| | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | |

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* <u>Tracy Jessica</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Vimeo, Inc. [VMEO] | | | | | | | | | | k all app Direc | tor | ng Pei | 10% Ov | ner |
|---|---|--|--|----------|---|---|---|----------|---|---------|--|---|------------|---|---|--|--|--|--|
| (Last) | (Fi | rst) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024 | | | | | | | | | belov | er (give title v) eral Coun | sel & | Other (s below) Secretary | · · |
| 330 WEST 34TH ST, 5TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10001 | | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | $ $ $ $ $ $ $ $ | Check tl | his box | to indic | cate that a | a trans | action Indi | ade purs | suant to a | | | uction or writt | ten pla | n that is inter | nded to |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | or B | enefic | ially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Instr. 3) 5) 5) | | | | 3, 4 and Securi Benefi Owned | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | Report Transa (Instr. 3 | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | 02/22/ | 2/2024 | | | | F | 1,157(1) | | D | 9 | \$4 | | 264,104(2) | | D | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | 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 | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

- 1. Represents shares that have been withheld by the Issuer to satisfy its income tax and withholding and remittance obligations in connection with the net settlement of restricted stock units ("RSUs") and does not represent a sale by the Reporting Person.
- 2. The total reported in Column 5 includes (i) grants totaling 253,922 RSUs previously awarded to the Reporting Person, and (ii) 10,182 shares of the Issuer's common stock

Remarks:

/s/ Jessica Tracy

02/26/2024

** 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.