Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| STATEMENT (| OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-------------|--------------|--------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0. | | | | | | | | |

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* Shortt Thomas H | | | | 2. Issuer Name and Ticker or Trading Symbol Vroom, Inc. [VRM] | | | | | | | (Ch | Relationshi eck all app X Direc | , | ng Per | rson(s) to Is | | | | |
|---|--|---------|----------------|--|---|--|-----|--|---|--------|---------------------------|---|---|--|---|--|--------------------|------------|--|
| (Last) | (Fir | , | Middle) |) | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2023 | | | | | | | | | helov | er (give title v) Chief Exec | utive | Other (s below) | specify | |
| 3600 W SAM HOUSTON PKWY S, FLOOR 4 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | XT NC | 7 | 7042 | | | | | | | | | | X Form filed by One Reporting Perso Form filed by More than One Repo 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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | Execution Date | | · | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5) Secur Benef Owne | Securities Beneficially Owned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | nount (A) or | | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/20/2 | | | 03/20/20 |)23 | | | A | | 1,800,000(1) | | A | \$0.0 | 0 3,2 | 19,869 | | D | | | |
| | | Tal | ble II | | | | | | | | osed of, o | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | saction e (Instr. 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 (Inst 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | tive derivative ity Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | of | | | | | | |

Explanation of Responses:

1. Represents an award of restricted stock units that vest as to 40% on March 20, 2024 and as to 30% on each of March 20, 2025 and March 20, 2026. Each restricted stock unit represents a contingent right to receive one share of Common Stock of the Issuer.

Remarks:

/s/ Alison Klein, Attorney-in-Fact for Thomas H. Shortt

03/22/2023

** 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.