FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 1/aabinatan | $ \sim $ | 20540 | |
|-------------|----------|-------|--|
| Vashington, | D.C. | 20049 | |

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 3235-0287 Estimated average burden 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* Palmer Michael Alan | | | | | 2. Issuer Name and Ticker or Trading Symbol MARKETWISE, INC. [MKTW] | | | | | | | | | (Ch | neck all app | ationship of Reporting all applicable) Director | | 10% Ov | vner |
|---|---|--|---------------------------------|----------------------------------|---|---|--|---|---------------------------|--------------------------------------|--------------------|--|--|---|---|---|---|---|--|
| (Last) | (F | irst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | | | Officer (give title below) | | Other (s below) | specify |
| 1125 N. CHARLES ST. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. I Lin | Individual or Joint/Group Filing (Check Applicable ne) | | | | | | |
| (Street) | IORE M | D 2 | 1201 | | | | | | | | | | | | Form Form Pers | - 1 | | | |
| (City) | (S | tate) (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 inte satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | n that is inter | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or | Bene | eficia | ally Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | | Exec if any | 2A. Deemed Execution Date, fany Month/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | | d Securi Benefi Owned | 5. Amount of Securities Beneficially Dwned Following | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A (E | A) or O) | Price | | action(s) 3 and 4) | | | (Instr. 4) | |
| Class A Common Stock 07/01 | | | | 07/01/2 | 2024 | | | A | | 345,394(| I ⁽¹⁾ A | | \$0 | 495,394 | | | D | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, n/Day/Year) | Code (Instr. Derivative | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | vative rities rired r osed) | Expiration D | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Di or (I) | 0. Dwnership orm: Direct (D) or Indirect D) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Date Exercis | sable | or Nu Expiration of | | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

1. Represents an award of restricted stock units which will vest in four equal annual installments beginning on July 1, 2025.

Remarks:

/s/ Scott Forney, Attorney-in-

Fact

** Signature of Reporting Person Date

07/02/2024

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.