FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

					or Section	in 30(n) of	tne i	investi	ment	Company A	Ct OI	1940							
Name and Address of Reporting Person*     Liu Ying Vivian				2. Issuer Name <b>and</b> Ticker or Trading Symbol ContextLogic Inc. [ WISH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Liu Yii	<u>ng Vivian</u>				Conte	<u>ALLOSI</u>		<u>C.</u> [	**101						Direc	tor		10% O	wner
													—	X	Office	er (give title		Other ( below)	specify
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022							Chief Financial Officer									
ONE SA	INSOME S	TREET, 33RD F	LOC	)R															
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)							
SAN FRANCISCO CA 9		4104	ļ										X	Form	filed by One	e Rep	orting Pers	on	
															Form	filed by Mo	re thai	n One Rep	orting
(City)	(St	ate) (Z	Zip)												. 0.00				
		Table	I - N	Ion-Deriva	tive Sec	urities	Acc	quire	ed, D	isposed	of,	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (I			cquired (A) or D) (Instr. 3, 4 and 5)		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						[	Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A (	Common St	ock		02/17/202	22			S <sup>(1)</sup>		103,605	5	D	\$2.403	.4036 <sup>(2)</sup> 163,281 D			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed ution Date, y nth/Day/Year)	4. Transactic Code (Inst 8)		tive ties red sed	Expi	iration	ercisable an Date y/Year)	id	7. Title Amour Securi Under Deriva Securi 3 and	nt of ities lying itive ity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. The sale reported on this Form 4 represents shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of Restricted Stock Units. The sale is mandated by the Issuer's election to require the satisfaction of tax withholding obligations by a "sell to cover" transaction and does not represent a discretionary transaction by the Reporting Person.

(A) (D) Date Exercisable

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices with the range of \$2.3320 to \$2.4058, inclusive. The Reporting Person undertakes to provide, upon written request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Renee Jackson, Attorney-

Amount Number

of Shares

Title

in-Fact

Expiration Date

\*\* Signature of Reporting Person Date

02/18/2022

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).

Code

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.