FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							70() 0				ompany Act	0. 20 .0							
Name and Address of Reporting Person* Harms Christopher						2. Issuer Name and Ticker or Trading Symbol Amplitude, Inc. [AMPL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Harms Christopher</u>															Direc			10% Ov	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023								X	below	,		Other (specify below)	
C/O AMPLITUDE, INC.						03/10/2023									Chief Financial Officer				
201 THIRD ST., SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					on
SAN FRANCI	CA CA	CA 9410		3											Form filed by More than One Reporting Person				orting
FRANC	1300				Rule 10b5-1(c) Transaction Indication														
(City)	ity) (State) (Zip)				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 - N	lon-Deriva	tive S	ecui	ities	Ac	quire	d, Di	sposed o	f, or I	Benefic	ially	/ Own	ied			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		e,			4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Secu Bene Owner Follo		rities F ficially (i ed li wing (i		m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				
Class A Common Stock 05/18/202						23			S ⁽¹⁾		14,666	D	\$9.114	41 ⁽²⁾ 393,391 ⁽³⁾		3,391 ⁽³⁾		D	
		Tab	le I	I - Derivativ (e.g., pu							oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security					ative rities ired r osed) : 3, 4	Derivative Security (Instr. 3 and					8. Price Derivati Securiti (Instr. 5		ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial) Ownership ct (Instr. 4)		
			Code V (A)		(D)	Date Exerc	isable	Expiration Date	Amou or Numb of Title Share										

Explanation of Responses:

- 1. Pursuant to a mandatory sell-to-cover provision under the Issuer's 2021 Incentive Award Plan, the shares were sold upon the vesting of restricted stock units ("RSUs") solely to cover applicable withholding taxes.
- 2. This transaction was executed in multiple trades at prices ranging from \$8.87 to \$9.40, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 3. Includes 374,052 RSUs.

Remarks:

/s/ Elizabeth Fisher, as attorney in fact for 05/19/2023 Christopher Harms

** 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.