FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

			OMB APPROVAL										
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		ENT OF CHANGES IN BENEFICIAL OWNE ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							Esti	OMB Number: 3235-028 Estimated average burden hours per response: 0			
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.		or sec	suon su(n) or the in	vestmer	it Con	npany Act of 1	940						
1. Name and Address of Reporting Person [*] Bohnert Christopher W.		2. Issuer Name and Ticker or Trading Symbol <u>Angi Inc.</u> [ANGI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) CAO				
(Last) (First) (Middle) C/O ANGI INC.		3. Date of Earliest Transaction (Month/Day/Year) 08/19/2024											
3601 WALNUT STREET, SUITE 700		4. If Am	endment, Date of C	Driginal I	Filed (vidual or Joint/Group Filing (Check Applicable							
(Street) DENVER CO 80205		Form filed							,	by One Reporting Person by More than One Reporting			
(City) (State) (Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
Date		tion y/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Class A Common Stock, par value \$0.001 ⁽¹⁾	08/19/2	2024		M ⁽¹⁾		2,159	A	\$ <mark>0</mark>	42,475	D			
Class A Common Stock, par value \$0.001 ⁽²⁾	08/19/2	2024		F ⁽²⁾		618	D	\$2.58	41,857	D			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puis, cans, 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deri Sec Acq (A) o Disp of (I	oosed D) tr. 3, 4	Expiration Date (Month/Day/Year) ired r osed) r. 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units ⁽³⁾	\$0	08/19/2024		М			2,159	08/19/2021 ⁽³⁾	08/19/2024 ⁽³⁾	Class A Common Stock, par value \$0.001	2,159	\$0	0	D	

Explanation of Responses:

1. Represents shares of ANGI Class A common stock acquired upon the vesting of restricted stock units (see footnote 3 below).

2. Represent shares withheld to cover taxes due in connection with vesting of restricted stock units (see footnote 3 below).

3. Represents ANGI restricted stock units that vest in four equal annual installments on the anniversary of August 19, 2020, subject to continued service.

Remarks:

Shannon M. Shaw as Attorney-

in-Fact for Christopher W.

Bohnert

08/20/2024

** 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.