1. Name and Address of Reporting Person
   Schiffman Glenn
   C/O ANGI INC.
   3601 WALNUT STREET, SUITE 700
   DENVER CO 80205

2. Issuer Name and Ticker or Trading Symbol
   Angi Inc. [ ANGI ]

3. Date of Earliest Transaction (Month/Day/Year)
   06/20/2023

5. Relationship of Reporting Person(s) to Issuer
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units</td>
<td>A</td>
<td>06/20/2023</td>
<td>A</td>
<td>77,399</td>
<td>0</td>
<td>D</td>
<td>C</td>
</tr>
</tbody>
</table>

Date Exercisable: 06/20/2024(1) 06/20/2026(1)
Expiration Date: 06/20/2024(1) 06/20/2026(1)

Amount or Number of Shares: 77,399 77,399

Explanation of Responses:
1. Represents restricted stock units that vest in equal installments over three years on the anniversary of the grant date (June 20, 2023), subject to continued service. Pursuant to the reporting person's deferral election, any vested RSUs will be settled in a lump sum following termination of service.

Remarks:

Shannon M. Shaw as Attorney-in-Fact for Glenn H. Schiffman 06/21/2023

** 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).


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.