FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								
houre per reenone	۰ 0.5								

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

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

1. Name and Address of Reporting Person* HENSHALL DAVID J						2. Issuer Name and Ticker or Trading Symbol HashiCorp, Inc. [HCP]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)			Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024								7 '		er (give title		Other (below)			
C/O HASHICORP, INC. 101 SECOND STREET, SUITE 700					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) SAN FRANCI	V CA 94105				Rı	ıle 1	0h5	-1(c)) Tra	nsa		on Inc		Form filed by More than One Reporting Person							
(City) (State) (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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution D			Code (li						Benefic Owned	es Form ially (D) of Following (I) (II		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Cod	le V		Amount	()	A) or D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock 06/20/2									M			563		A	(1)	16	5,510(2)		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 Date (Month/Day/Year) Frice of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)				Date,	Code (Inst		on of		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able		xpiration ate	Title		Amount or Number of Shares						
Restricted Stock Units	(1)	06/20/2024			M			563	(3)			(3)	Class Comn Stoc	non	563	\$0	1,127	,]	D		

Explanation of Responses:

- 1. Each restricted stock unit, or RSU, represents a contingent right to receive one share of Issuer Class A Common Stock.
- 2. Due to a scrivenor's error on the Form 4 filed on March 22, 2024 which overstated the amount of shares of Class A common stock beneficially owned in Column 5 by 21,277 shares, the amount of shares of Class A common stock in reported in Column 5 following the reported transaction has been decreased accordingly.
- 3. The remaining RSUs vest in two equal quarterly installments beginning on September 20, 2024.

/s/ Paul Warenski, by power of attorney

06/24/2024

** 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.