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

| Vashington, | D.C. | 20549 |
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| STATEMENT | OF (| CHANGES | IN BE | NEFICIAL | OWNERS | SHIP |
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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: 3235-02 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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

| Name and Address of Reporting Person* HENSHALL DAVID J | | | | 2. Issuer Name and Ticker or Trading Symbol HashiCorp, Inc. [HCP] | | | | | | Relationship leck all appli X Direct | cable) | Person(s) to Is | | | |
|--|------------|-----------------|---------|---|---|--------------------------------------|--|--|--|---|---|--|---|--|---------|
| | SHICORP, 1 | INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023 | | | | | | \dashv | Office below | (give title | Other (below) | specify |
| 101 SEC | OND STRE | EET, SUITE 700 | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6.1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) SAN FRANCI | SCO CA | A 9 | 94105 | _ 4.1 | Amer | iument, | Date | oi Onginai Fii | еа (мони | Jay/ real) | Lin | e) <mark>X</mark> Form t | iled by One Riled by More t | Reporting Person | on |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | Execution Date, | | Code (Ins | on Dispos str. 5) | courities Acquired (A osed Of (D) (Instr. 3, | | Securities Beneficially Owned Following Reported Transaction(s) | | . Ownership orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | Execution Date, | | Transaction Code (Instr. 8) | | ntive ities red sed 3, 4 | 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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | (1) | 02/01/2023 | | A | | 1,577 | | (2) | (2) | Class A Common Stock | 1,577 | \$27.91 ⁽³⁾ | 1,577 | 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.
- $2. \ The \ RSUs \ vest \ in \ four \ equal \ quarterly \ installments \ beginning \ on \ March \ 20, \ 2023.$
- 3. The RSUs were issued to the reporting person pursuant to the Issuer's Outside Director Compensation Policy in lieu of retainer fees of \$44,000.

Remarks:

/s/ Paul Warenski, by power of attorney

02/03/2022

** 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.