FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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

					_		• • •				iipaiiy Act c			_						
Name and Address of Reporting Person* Carter-Miller Jocelyn				2. Issuer Name and Ticker or Trading Symbol Backblaze, Inc. [BLZE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Carter-winter socciyii</u>				<u> </u>	,								-	X	Direc	tor		10% O	wner	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023										Office below	er (give title v)		Other (s	specify			
500 BEN FRANKLIN CT.					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(0)					1										X Form filed by One Reporting Person					
(Street) SAN MA	ATEO C	A 9	4401												Form filed by More than One Reporting Person					
(City)	(5	State) (2	Zip)		Rule	Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursua satisfy the affirmative defense conditions of Rule 10b5-1(c). Set																				
		Table	I - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, o	r Ben	efici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Executio			Date,	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		ies A Of (E	cquired D) (Instr	I (A) or . 3, 4 a	S, 4 and Sec Ben Owr Foll		Amount of ecurities eneficially wned ollowing		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		Price	т	Reported Transaction(s) (Instr. 3 and 4)				
Class A C	Common S	tock		06/05/2	2023				A		35,211 ⁽³	1)	A	\$0		57,742			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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed) r. 3, 4	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f g	8. Price of Derivative Security (Instr. 5)		ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Amou or Numb of Title Share		nber						

Explanation of Responses:

1. Pursuant to the Issuer's Director Compensation Policy, the Reporting Person was granted restricted stock units ("RSUs"), which represent a contingent right to receive one share of Class A Common Stock for each RSU. The RSUs are subject to a service-based vesting requirement, which shall be satisfied on the earlier of (A) the date of the Issuer's next Annual Meeting of Stockholders, or (B) the one-year anniversary of June 5, 2023, provided that the Reporting Person remains in continuous service through such vesting date.

Remarks:

/s/ Thomas MacMitchell -Attorney-in-Fact 06/07/2023

** 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).
- ** 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.