Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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-

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1(c). Se	ee Instruction 1	0.															
Name and Address of Reporting Person* <u>Yulzari Yahav</u>					2. Issuer Name and Ticker or Trading Symbol Pagaya Technologies Ltd. [PGY]							Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				-								1	Direc				vner
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (Month/Day/Year)							1	Office below	er (give title /)	(give title Other below		specify
C/O PAGAYA TECHNOLOGIES LTD.					11/11/2024								Chief Business Officer				
90 PARK	AVENUE	, 20TH FLOOR		L	I I A	t D-t		0-1-11	File of (8.4 41- //	2/0/		O locality			F111-	(Obl- A	
(Street)				- 4	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine). -ine	ividual or Joint/Group Filing (Check Applicable				
NEW YO	YORK NY 10016											1	Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(St	ate) (Z	Zip)										Perso	on			
		Table	I - Non-Deriv	ativ	e Secur	rities A	cqu	ired, I	Disposed (of, or	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					2A. Deemed Execution Date, ar) if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
					Code	V	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(inst	tr. 4)	(Instr. 4)		
Class A Ordinary Share 11/11/2024				24	11/11/	2024	S ⁽¹⁾		150,000	D	\$15.49	86(2)	161,637			D	
		Tal	ole II - Derivat (e.g., p						isposed of s, converti)wne	d			
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)	xecution Date, Tr		5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration (Month/Distribution (Month/Distribu			Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 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)

Explanation of Responses:

- 1. This sale was effected pursuant to a 10b5-1 plan, as noted on the form specific filing information.
- 2. Weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.00 to \$16.0450 inclusive. The reporting person undertakes to provide the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above

Date

Exercisable

Date

(D)

(A)

Remarks:

/s/ Natalie Wilmore, Attorney-11/12/2024 in-Fact

Amount or Number

Shares

Title

** 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).

Code

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.