FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per respon	se: 0.5							

	Check this box if no longer subjec
\Box	to Section 16. Form 4 or Form 5
\cup	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(b) of the Investment Company Act of 1940

							· /	_			inpuriy Act c			_						
Name and Address of Reporting Person* Gordon Scott				2. Issuer Name and Ticker or Trading Symbol WM TECHNOLOGY, INC. [MAPS]									(Ch	5. Relationship of Reporting Person(s) to (Check all applicable)						
Gordon Scott															X Dire	ctor	-	L0% O\	wner	
(Last)	(Fir	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									Offic belo	er (give title w)		Other (s pelow)	specify		
C/O WM TECHNOLOGY, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6 11	6. Individual or Joint/Group Filing (Check Applicable						
41 DISCOVERY				In anonamone, bate of original Filed (worth/bay/real)										Line)						
																X Form filed by One Reporting Person				
(Street) IRVINE CA 92618													Form filed by More than One Reporting Person							
IKVINE	Gr	. J	2010	2010		Dula 10hE 1(a) Transportion Indication														
(City)	(C+	ata) /-	Zip)		Rule 10b5-1(c) Transaction Indication															
(City)	(5)	ate) (Z	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 - No	n-Deriva	tive S	ecur	ities A	cq	uired,	Dis	posed of	f, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,			´	Transaction Disposed Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			Secur Benef Owne Follow	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		A) or D)	Price		rted action(s) 3 and 4)				
Class Common Stock 06/21/20					023				A		225,988((1) A \$		\$0.0	0 402,056		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			I		_	.5, 1		,	_			_				1			1	
1. Title of Derivative Security (Instr. 3)			ition Date,	4. Transaction Code (Instr. 8)				6. Date Expirati (Month/	ion Da		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f C	3. Price of Derivative Security Instr. 5)		Own Forn Dire or In (I) (II	ership n: ct (D) direct nstr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A) (I	o)	Date Exercisable		Expiration Date	Title	or Nur of	ount mber ares						

Explanation of Responses:

1. Represents the number of shares of Common Stock underlying restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of the Issuer's Common Stock. The RSUs will fully vest on the earlier of June 21, 2024 or the date of the Issuer's next annual meeting of stockholders, subject to acceleration, and subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2021 Equity Incentive Plan) through such vesting date.

Remarks:

Scott Gordon, by /s/ Ron A. Metzger, Attorney-in-Fact

06/23/2023

** Signature of Reporting Person

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.