FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ton, D.C. 20549	OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 10b5STATEMENT 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

1. Name and Address of Reporting Person* <u>Tripeny R Tony</u>				2. Issuer Name and Ticker or Trading Symbol Origin Materials, Inc. [ORGN]									ck all app	ionship of Reporting Pe all applicable) Director Officer (give title below)		rson(s) to Is			
(Last) (First) (Middle) C/O ORIGIN MATERIALS, INC. 930 RIVERSIDE PARKWAY, SUITE 10					12/3	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024										belov	Other (below)		
(Street) WEST SACRAI	MENTO CA	A 9	95605		4. If /	amena	ment,	Date o	r Origina	II FIIE	d (Month/Da	y/ re ar)	Line)	Form	filed by On filed by Mo filed by Mo	e Rep	orting Pers	son
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			4 and Secur Benef Owner		cially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or F	rice		action(s) 3 and 4)			(Instr. 4)
Common	Stock			12/31/2	2024		A		9,765(1)	A	1	\$1.28	33	6,295		D			
Common Stock														73	3,000		I	By Trust ⁽²⁾	
	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)	ve Conversion Date Execution Date,				ransaction of Code (Instr. Derivative		vative irities ired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of						

Explanation of Responses:

1. These shares represent the shares of Common Stock underlying restricted stock units ("RSUs") that the Reporting Person elected to receive in lieu of cash compensation under the Issuer's Amended and Restated Non-Employee Director Compensation Policy, as amended, for the quarter ended December 31, 2024. The number of RSUs received in lieu of cash was calculated based on the closing price per share of Common Stock on December 31, 2024. Each RSU represents the contingent right to receive one share of the Issuer's Common Stock. The RSUs are fully vested upon the date of grant.

2. Shares are held directly by R. Tony Tripeny, Trustee of the Revocable Trust of R. Tony Tripeny dated December 14, 2022.

R. Tony Tripeny, by /s/ Joshua 01/03/2025 Lee, Attorney-in-Fact

** 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.