FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|

| STATEMENT | OF C | HANGES | INI | BENEFICIAL | OWNEDSHID |
|-----------|------|---------|-----|------------|-----------|
| SIAIEMENI | OF C | PHANGES | IIA | DENEFICIAL | OWNERSHIP |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner response | . 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Heidenmark Cook Pia Johanna | | | | | 2. Issuer Name and Ticker or Trading Symbol Origin Materials, Inc. [ORGN] | | | | | | | | ck all app | , | ng Pers | on(s) to Is | | | |
|---|---|--|-----------------|---------------------------|---|--|--------|---|-----------------|-----------------|--|--|-----------------------------------|--|---|---|---------|---|------------|
| (Last) | (Fir | st) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024 | | | | | | | Office below | er (give title | | Other (s | specify | | |
| C/O ORIGIN MATERIALS, INC. 930 RIVERSIDE PARKWAY, SUITE 10 | | | | | 4. If A | | | | | | | 6. Ind Line) | l '' | | | | | | |
| (Street) WEST | CA | Δ 0 | 5605 | | | | | | | | | | | | | filed by Mo | | • | - 1 |
| SACRAI | MENTO CA | | 3003 | | Rul | le 10 |)b5- | 1(c) | Tran | sac | tion Indi | catio | on | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | 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 | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securitie: Disposed O 5) | | | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Form: (D) or | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (A) (D) | or F | Price | Transa | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 05/20/2 | | | | 05/20/2 | 2024 | | | | P | | 34,000(1) | A \$0 | | \$0.97 | 123,198 | | | D | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owned | t | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Secure Acquired (A) to Dispose of (D | | r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | 0. Ownership Form: Direct (D) or Indirect () (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

1. These shares were purchased by the Reporting Person with funds provided by the Issuer in lieu of receiving Reporting Person's annual restricted stock award.

/s/ Ron A. Metzger, Attorneyin-Fact

05/22/2024

** 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.