FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| | pe Response | S) | | | | | | | | | | | | | | |
|---|---------------|---------------------|---|--|-------------------------------|-----------------|--|--------------------------------|---|--|--|---|--|--------------------------------------|--|---|
| 1. Name and Address of Reporting Person * Haley James | | | | 2. Issuer Name and Ticker or Trading Symbol Desktop Metal, Inc. [DM] | | | | | | : | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 63 3RD AVENUE | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2022 | | | | | | | X Officer (give title below) Other (specify below) CFO & TREASURER | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | - | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| BUKLIN | IGTON, M | (State) | (Zip) | | | | | | | | | | | | | |
| ` ` | | () | ` • | 24 5 | | | | | | | | | | Beneficially | | 7. N |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | (A) (D) | 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficial | ally Owned Following I Transaction(s) | | 6. Ownership Form: Direct (D) | Beneficial Ownership |
| | | | | | | С | ode | V Am | ount | (A) or (D) | Price | | | | or Indirect (Instr. 4) (I) (Instr. 4) | |
| Class A Common Stock | | 05/12/2022 | | | F | F | 5,3 (1) | | § 434, | 434,561 | 4,561 | | D | | | |
| Reminder: | Report on a s | separate line for | each class of securi | ities benefici | ally ov | vned o | F | ersons | who i | | | | ction of inf | | SEC | 1474 (9-02) |
| Reminder: | Report on a s | separate line for | Table II - I | Derivative So | ecuriti | es Ac | F c t quired | Persons containe he form | who i d in the display | his forr ays a c | n are urrer ficiall | not requ itly valid | ired to res | ormation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | | 3. Transaction Date | Table II - I (a 3A. Deemed Execution Dat | Derivative So. e.g., puts, ca 4. Transa Code | ecuriti ills, wa cction | es Ac errant | quireces, optimer ative aties red sed 3, | Persons containe he form | who in the displayed of, overtible exercise attion I | his forr ays a co or Bene le secur able Date | ficiallities) 7. Ti Amo Unde | not requitly valid y Owned tle and unt of erlying | OMB conf | spond unle | of 10. Ownersl Form of Derivati Security Direct (l or Indire | 11. Natu of Indire Benefici ve (Ownersh (Instr. 4) |

Reporting Owners

| D 4 0 N 4 | Relationships | | | | | | |
|--|---------------|--------------|-----------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Haley James 63 3RD AVENUE BURLINGTON, MA 01803 | | | CFO & TREASURER | | | | |

Signatures

| /s/ Meg Broderick, Attorney-in-Fac | t | 05/16/2022 |
|------------------------------------|---|------------|
| **Signature of Reporting Person | | Date |

Explanation of Responses:

- * 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).
- (1) Represents shares of Class A Common Stock withheld by Desktop Metal, Inc. to cover tax withholding obligations in connection with the vesting of restricted stock units

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.