FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287
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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

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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for th
purchase or sale of equity securities of the
issuer that is intended to satisfy the
affirmative defense conditions of Rule
10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * IMMELT JEFFREY R			2. Issuer Name and Ticker or Trading Symbol Desktop Metal, Inc. [DM]		tionship of Reporting Person(s) all applicable) Director	s) to Issuer 10% Owner Other (specify below)	
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024		Officer (give title below)		
SUITE 600			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(Street) TIMONIUM	MD	21093					
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	06/06/2024		M		6,422(1)	A	(2)	17,943(1)	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		
Restricted Stock Units	(2)	06/06/2024		М			6,422 ⁽¹⁾	(3)	(3)	Class A Common Stock	6,422(1)	\$0	0	D	
Restricted Stock Units	(2)	06/07/2024		A		28,571 ⁽¹⁾		(4)	(4)	Class A Common Stock	28,571(1)	\$0	28,571 ⁽¹⁾	D	

Explanation of Responses:

- 1. The number of securities reported herein have been adjusted to reflect the 1-for-10 reverse stock split effected by the Issuer on June 10, 2024.
- 2. The Reporting Person was granted restricted stock units ("RSUs"), which represent a contingent right to receive one share of Class A Common Stock for each RSU.
- 3. The restricted stock units vested on June 6, 2024. The restricted stock units have no expiration date.
- 4. The restricted stock units vest and settle on the earlier of (i) June 7, 2025 or (ii) the day immediately prior to the date of the Issuer's next annual stockholder meeting, subject to the Reporting Person's continued service to Issuer. The restricted stock units have no expiration date.

/s/ Meg Broderick, Attorney-in-Fact 06/10/2024

** 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.