

INTERNATIONAL BUSINESS MACHINES CORP

Reported by **HOWARD MICHELLE J**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/02/24 for the Period Ending 06/28/24

Address 1 NEW ORCHARD ROAD

ARMONK, NY, 10504

Telephone 9144991900

CIK 0000051143

Symbol IBM

SIC Code 3570 - Computer And Office Equipment

Industry IT Services & Consulting

Sector Technology

Fiscal Year 12/31

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

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

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

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
IIO WARD MICHELLE J					INTERNATIONAL BUSINESS MACHINES CORP [IBM]							_X_ Director10% Owner					
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below) Other (specify below)					
C/O SECRE CORPORAT ORCHARD	TION, O						6/2	8/202	4								
	(Stre	et)		4. I	fAn	nendmen	t, Date C	riginal	File	ed (MM/D	D/YYYY)	6. Individua	al or	Joint/G1	roup Filing	(Check Appl	icable Line)
ARMONK, NY 10504 (City) (State) (Zip)											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		ı							, Di	sposed o	of, or Bene	eficially Ow	ned				
1. Title of Security (Instr. 3)					Execution (Instr. 8) or Disposed of (D)) Fo	Instr. 3 and 4) Form: Direct (7. Nature of Indirect Beneficial Ownership		
							Code	V A	Amou	(A) o	r Price					or Indirect (I) (Instr. 4)	(Instr. 4)
	Tab	le II - Deri	ivative Sec	urities l	Bene	eficially	Owned (e.g., pı	uts,	calls, wa	arrants, o	ptions, conv	vertil	ble secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivativ		e Securities (A) or of (D)	6. Date Exercisable and Expiration Date		7. Title and A Securities U Derivative S (Instr. 3 and	nderlying ecurity		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares			Reported Transaction(s) (Instr. 4)	or Indirect	
Promised Fee Share	\$0 ⁽¹⁾	6/28/2024		A (2)		450	5	<u>(3)</u>		(3)	Common Stock	4	56	\$172.95	13,472	D	

Explanation of Responses:

- (1) Promised Fee Shares under the IBM Board of Directors Deferred Compensation and Equity Award Plan are paid out after retirement in the company's common stock or cash.
- (2) Deferral of fees into Promised Fee Shares under the terms of the IBM Board of Directors Deferred Compensation and Equity Award Plan.
- (3) Distribution of Promised Fee Shares under the IBM Board of Directors Deferred Compensation and Equity Award Plan is deferred until retirement.

Reporting Owners

Departing Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HOWARD MICHELLE J C/O SECRETARY'S OFFICE, IBM CORPORATION ONE NEW ORCHARD ROAD ARMONK, NY 10504	X						

Signatures

**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 control number.