## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden

0.5

hours per response:

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

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 10b5-1(c). See Instruction 10.

## 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

1. Name ar		2. Issuer Name and Ticker or Trading Symbol GeneDx Holdings Corp. [ WGS ]									applio Directo	cable) or	ng Per	rson(s) to Iss	wner					
(Last) C/O GEN 333 LUD		3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024									Officer (give title Other (specify below)  CHIEF FINANCIAL OFFICER									
(Street) STAMFORD CT 06902 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tabl	e I - No	on-Deriv	ative	Sec	uriti	es Ac	auire	d. Di	sposed o	of. or Be	eneficia	ally Ov	vnec	<u> </u>				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)			es Acquire	d (A) or	or 5. Amo and 5) Securit Benefic		nt of es ally Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Tra	Transaction(s) (Instr. 3 and 4)				(IIISU. 4)	
Class A C	Common Sto	ock		12/01/	2024	.024					718	A	\$0 <sup>(1</sup>	)	23,669		D			
Class A C	Common Sto	ock		12/02/	2024	024			S <sup>(2)</sup>		263	D	\$78.39	12	23,406		D			
		Т	able II								posed of converti				ned					
1. Title of Derivative Security  1. Title of Conversion Conversion or Exercise (Instr. 3)  2. Conversion Date (Month/Day/Year)  3. Transaction Date Executic if any (Month/E							6. Date Expirati (Month/	on Da		7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and	of s ig e Security	8. Prio Deriva Secur (Instr.	ative rity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			
			•	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	1							

## **Explanation of Responses:**

(1)

Restricted

Stock Unit

1. Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Class A Common Stock upon settlement for no consideration.

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2. The sales reported on this Form 4 represent shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of RSUs. The sales were to satisfy tax withholding obligations to be funded by a "sell to cover" transaction

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(3)

3. 6.25% vest in quarterly installments over the 4-year period commencing on December 1, 2022 until fully vested, subject to the Reporting Person's continued service to the Issuer on each vesting date.

/s/ Bridget Brown, Attorney-in-12/03/2024 **Fact** 

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5.021

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\*\* Signature of Reporting Person Date

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Class A

Stock

(3)

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).

12/01/2024

\*\* 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.