FORM 4

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| 2.0. 200 10 | OMB APPROVAL | | | | | |
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| N BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES II |
|---|-------------------------|
| obligations may continue. See | |

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

| OMB AP | PROVAL |
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| OMB Number: | 3235-0287 |
| Estimated average | ge burden |
| hours per respon | ise: 0.5 |

| defens | ed to satisfy the e conditions of ee Instruction 1 | Rule 10b5- | | | | | | | | | | | | | | | | | |
|--|---|--|----------------|---------------|--------------------------|--|---|--|-----------------|--|--|---|--|--|--|---|--|---|--|
| 1. Name ar <u>Vander</u> | 2. Issuer Name and Ticker or Trading Symbol Viant Technology Inc. [DSP] | | | | | | | | | Check all | appli Directo | , | | 10% O | wner | | | | |
| (Last) C/O VIA | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024 | | | | | | | | | Officer (give title below) Chief Operat | | ating | Other (spec below) ting Officer | | | | | | |
| 2722 MICHELSON DRIVE, SUITE 100 (Street) IRVINE CA 92612 | | | | | Line) For | | | | | | | | orm f | or Joint/Group Filing (Check Applic rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | | |
| (City) | (St | | Zip) I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | | | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | and Se Be Ov | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) o | Price | ͺ Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Class A (| Common St | ock | | 12/10/2 | 2024 | | | D | | 8,636(1) | D | \$21 | 1.37 49 | | 7,796 | | D | | |
| | | Tai | | | | | | | | | osed of, convertib | | | | ned | 1 | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | on Date, Tran | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title Amour Securi Underl Deriva Securi 3 and 4 | nt of ties ying tive ty (Instr. | 8. Price Deriva Securi (Instr. 9 | tive ty 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indired Beneficia Ownersh (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares repurchased by the Issuer from the Reporting Person in the amount of estimated taxes to be paid by the Reporting Person in connection with the vesting of 16,199 restricted stock units on December 10th, 2024.

Remarks:

/s/ Larry Madden, Attorneyin-Fact for Christopher

12/12/2024

Vanderhook

** 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.