## FORM 4

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

OMB APPROVAL
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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

| (Print or Ty   | pe Response | s)  |                   |                        |  |   |     |       |  |            |                          |  |  |  |  |                                     |   |                                       |  |
|--|-------------|---|-------------------|------------------------|--|---|-----|-------|--|------------|--------------------------|--|--|--|--|-------------------------------------|---|---------------------------------------|--|
| Name and Address of Reporting Person*  Thomas Ragy                               |             |   |                   |                        | 2. Issuer Name and Ticker or Trading Symbol Sprinklr, Inc. [CXM] |   |     |       |  |            |                          |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner  |  |  |                                     |   |                                       |  |
| (Last) (First) (Middle)<br>C/O SPRINKLR, INC., 29 WEST 35TH<br>STREET, 7TH FLOOR |             |   |                   |                        | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2022      |   |     |       |  |            |                          |  | X Officer (give title below) Other (specify below)  Chief Executive Officer  |  |  |                                     |   |                                       |  |
| (Street) NEW YORK, NY 10001  |             |   |                   | 4. If                  | 4. If Amendment, Date Original Filed(Month/Day/Year)             |   |     |       |  |            |                          |  | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person |  |  |                                     |   |                                       |  |
| (City) (State) (Zip)   |             |   |                   |                        | Table I - Non-Derivative Securities Acqui                        |   |     |       |  |            |                          | uire   | ired, Disposed of, or Beneficially Owned   |  |  |                                     |   |                                       |  |
| 1.Title of Security<br>(Instr. 3)  |             | 2. Transaction<br>Date<br>(Month/Day/Year | Execu<br>any      | Deemed cution Date, it | (Instr. 8)   |   | (   |       |  | of (D      | f (D) Benefic<br>Reporte |  | nount of Securities<br>eficially Owned Following<br>orted Transaction(s)   |  | Ownership Form:  | ship of<br>Be                       | Beneficial  |                                       |  |
|  |             |   | (Mo               | (Month/Day/Year)       |  |   | ode | V     | Amoun  | (A) or (D) | Price                    |  | Instr. 3 aı  | str. 3 and 4)                          |  | Direct<br>or Indi<br>(I)<br>(Instr. | rect (I   | wnership<br>nstr. 4)                  |  |
| Class A  | Common S    | Stock                                     | 06/24/2022        |                        |  |   | J   | (1)   | ,  | 789 A      |                          | \$ 0   | 5  | 541,354                                |  | D                                   |   |                                       |  |
|  |             |   | Table II -        |                        |  |   |     | quire | the fo   | rm dis     | splays a<br>of, or Ber   | curre<br>reficia   | ent<br>ally  | ly valid                               |  | spond unle<br>trol numbe            |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | Conversion  |   | Year) Execution I | ate, if                | 4.<br>Transaction<br>Code<br>Year) (Instr. 8)                    |   | 5.  |       | tions, convertible secur  6. Date Exercisable and Expiration Date (Month/Day/Year) |            | 7. An<br>Un<br>Sec       | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4) |  | Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ow<br>For<br>De<br>Sec<br>Dir<br>or | vnership<br>rm of<br>rivative<br>curity:<br>rect (D)<br>Indirect<br>str. 4) | Beneficial<br>Ownershij<br>(Instr. 4) |  |
|  |             |   |                   |                        | Code   | V | (A) | (D)   | Date<br>Exerci   |            | Expiratio<br>Date        | n Tit  | le   | Amount<br>or<br>Number<br>of<br>Shares |  |                                     |   |                                       |  |

### **Reporting Owners**

|   | Relationships |              |                         |       |  |  |  |  |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |  |
| Thomas Ragy<br>C/O SPRINKLR, INC.<br>29 WEST 35TH STREET, 7TH FLOOR<br>NEW YORK, NY 10001 | X             |              | Chief Executive Officer |       |  |  |  |  |

## **Signatures**

| /s/ Jason Minio, Attorney-in-Fact | 06/28/2022 |
|-----------------------------------|------------|
| **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 a pro rata distribution without additional consideration to the Reporting Person from a limited partnership in which the Reporting Person is a limited partner.

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.