FORM 4

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  Borghese Fernando						2. Issuer Name and Ticker or Trading Symbol Digital Media Solutions, Inc. [ DMS ]									ck all app	tionship of Reporti all applicable) Director		10% O	wner
	(Last) (First) (Middle) C/O DIGITAL MEDIA SOLUTIONS, INC. 4800 140TH AVENUE N., SUITE 101					3. Date of Earliest Transaction (Month/Day/Year) 11/23/2020									X Officer (give title below) Other (speed below)  Chief Operating Officer				specify
(Street) CLEARWATER FL 33762 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution			3. Transa Code ( 8)						Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	(A) or (D) Pri		Transa				(111541. 4)
Class A common stock 11/23/2						2020					1,000	A	$\dashv$	6.97(1	) 108	08,000(2)		D	
Class A common stock 11/24/2						2020					1,000	A	A \$7.02 <sup>(3)</sup>		(3) 109,000(2)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Security Or Exercise (Month/Day/Year) if ar			if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar						

## **Explanation of Responses:**

- 1. This transaction was executed in multiple trades at prices ranging from \$6.83 to \$7.12. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of shares sold at each separate price for all transactions reported on this Form 4.
- 2. Includes 105,000 restricted shares.
- 3. This transaction was executed in multiple trades at prices ranging from \$6.96 to \$7.09. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of shares sold at each separate price for all transactions reported on this Form 4.

## Remarks:

/s/ Joseph Marinucci, as 11/25/2020 attorney-in-fact for Fernando

**Borghese** 

\*\* 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.