FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

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

Restricted				c	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	o S	umber					
1. Title of Derivative Security (Instr. 3)	L. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		Date, T	4. Transaction Code (Instr. 8)		of Deri Seci Acq (A) o Disp of (E	umber vative urities uired or cosed D) (Instr. and 5)	6. Date Exercis Expiration Dat (Month/Day/Ye		sable and e of Securities underlying Derivative Secu (Instr. 3 and 4)		ecurity 4) mount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Class A Common Stock 11/02/			/2021		S ⁽²⁾	Π	5,743	5,743 D \$		\$16.74	74 46,940			D					
Class A Common Stock 10/30/				/2021		M		12,76		A	\$0 ⁽¹⁾	+	683		D				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		r) Code 8)	Transaction Disposed Code (Instr. 5)		tites Acquired (A) od Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F Reported Transact (Instr. 3 a	es Form (D) o Following d tion(s)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(City)	(St	ate)	(Zip)												Person				
(Street) LOS ANGELES CA 90017				4. If Americanical, Date of Original Fried (Montaribay) Teal)							Line					n			
700 SOUTH FLOWER STREET, SUITE 640			4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. In	Individual or Joint/Group Filing (Check Applicable						
(Last) (First) (Middle) C/O MEDIAALPHA, INC.			3. Date of Earliest Transaction (Month/Day/Year) 10/30/2021							7	below)			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name and Address of Reporting Person* Cramer Keith			2. Issuer Name and Ticker or Trading Symbol Media Alpha, Inc. [MAX]							(Che	elationship o eck all applic Directo Officer	able)	g Pers	on(s) to Iss 10% Ov Other (s	vner				

Explanation of Responses:

\$0.0⁽³⁾

- 1. One share of Class A Common Stock was issued upon the vesting of each Restricted Stock Unit ("RSU").
- 2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.
- 3. Each RSU represents a contingent right to receive one share of Class A Common Stock, or at the option of the Compensation Committee, cash of equivalent value.
- 4. On October 30, 2020, the Reporting Person was granted 153,147 RSUs, which have vested or will vest quarterly over the first three years following the date of grant, subject to continued employment with the Issuer through each vesting date.

Remarks:

Stock

SENIOR VICE PRESIDENT, SUPPLY PARTNERSHIPS

/s/ Lance Martinez, attorney-in-

<u>fact</u>

Common

** Signature of Reporting Person Date

102,099

\$0

D

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).

10/30/2021

** 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.