Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

						00(11) 01 1110 11			npany Act of	10-10					
Name and Address of Reporting Person*     Nonko Eugene				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Media Alpha, Inc. [ MAX ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
INOTIKO Eugette										X Direc	tor	10%	Owner		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023						X Office below	er (give title v)	Other below	(specify		
C/O MEDIAALPHA, INC.			05/1	03/13/2023						See Remarks					
700 SOUTH FLOWER STREET, SUITE 640			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				_								X Form	filed by On	e Reporting Pe	rson
LOS ANGEL	ES CA	9	0017									Form Perso		re than One Re	porting
			– Rul	Rule 10b5-1(c) Transaction Indication											
(City)	(Sta	ate) (2	(ip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										tended to
				s	ausiy u	ie allimative (	Jeiense C	orialitic	ons of Rule 10	05-1(c). Se	e msm	action 10.			
		Table	I - Non-Deri	vative S	Secui	rities Acq	uired,	Dis	posed of,	or Ben	efici	ally Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da		action	24.5		Transaction Disp Code (Instr. 5)			curities Acquired (A osed Of (D) (Instr. 3,		1		Form: Direct (D) or Indirect			
			Date		Exec if any	Deemed cution Date, y nth/Day/Year)	Transa Code (		Disposed O			nd Securit Benefit Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
		,	Date		Exec if any	ution Date,	Transa Code (		Disposed O			nd Securion Benefic Owned Report Transa	ties cially Following	Form: Direct (D) or Indirect	of Indirect Beneficial
Class A (	Common Sto	,	Date (Month		Exec if any	ution Date,	Transa Code ( 8)	Instr.	Disposed O 5)	f (D) (Instr	. 3, 4 a	nd Securion Benefic Owned Report Transa (Instr. :	ties cially Following ed ction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
Class A C	Common Sto	ock	Date (Month	Day/Year) 5/2023 ative Se	Exec if any (Mon	ution Date, y th/Day/Year)	Transa Code (8) Code	v Dispo	Amount  14,100 <sup>(1)</sup> osed of, co	(A) or (D)  A  or Bene	Price \$(	Securing Benefic Owned Report Transa (Instr.:	ties cially Following ed ction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

## **Explanation of Responses:**

1. Consists of restricted stock units ("RSUs") granted to the Reporting Person under the Issuer's Omnibus Incentive Plan in lieu of cash salary, pursuant to the Second Amendment to Amended and Restated Employment Agreement dated August 1, 2023. Each RSU represents a contingent right to receive one share of Class A Common Stock upon vesting. All such RSUs will vest on December 15, 2023, subject to continued employment with the Issuer through the applicable vesting date.

Exercisable

and 5)

(A) (D)

CHIEF TECHNOLOGY OFFICER AND CO-FOUNDER

/s/ Jeffrey B. Coyne

Amount or Number

of Shares

Title

Expiration Date

09/18/2023

\*\* 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).

Code

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.