FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| 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

| Name and Address of Reporting Person* Nonko Eugene | | | | 2. Issuer Name and Ticker or Trading Symbol Media Alpha, Inc. [MAX] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|----------------------------------------------------------|------------------------------------------------------------------------------------------|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|---------------|----------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------|------------|
| Nonko Eugene | | | | | | | _ | | | | | | | | X | Director | r | | 10% Ov | /ner |
| (Last) | • | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2023 | | | | | | | | | X | Officer (below) | (give title | | Other (s below) | pecify |
| C/O MEDIAALPHA, INC. | | | | | | See Remarks | | | | | | | | | | | | | | |
| 700 SOUTH FLOWER STREET, SUITE 640 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | n | |
| , , | GELES C | A | 90017 | | | | | | | | | | | | Form filed by More that Person | | | nan One Reporting | | |
| (City) | (S | tate) | (Zip) | | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | | | | | | |
| | | Ta | ble I - Nor | ı-Deriv | vativ | re Se | curi | ities Ac | quir | red, [| Disp | osed o | of, or | Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/I | | | | | Execu Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Beneficia Owned Fo | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | c | Code | v | Amount | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Class A Common Stock 10/3 | | | | 10/3 | 0/2023 | | | | М | | 153,154 A | | \$0 ⁽¹⁾ | 1,463,457 | | | D | | | |
| | | | Table II - I | | | | | es Acq arrants | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, To Courty or Exercise (Month/Day/Year) if any | | ransac Code (li | ansaction De ode (Instr. Se Ad or of | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | С | code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | | Amount or Number of Shares | | (Instr. 4) | | | |
| Restricted Stock Units | \$0 ⁽²⁾ | 10/30/2023 | | | М | | | 153,154 | | (3) | | (3) | Class Comi Sto | mon : | 153,154 | \$0 | 0 | | D | |

Explanation of Responses:

- $1. \ One \ share \ of \ Class \ A \ Common \ Stock \ was \ issued \ upon \ the \ vesting \ of \ each \ Restricted \ Stock \ Unit \ ("RSU").$
- 2. 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.
- 3. On October 30, 2020, the Reporting Person was granted 1,837,765 RSUs, which have vested quarterly over the first three years following the date of grant, subject to continued employment with the Issuer through each vesting date.

Remarks:

CHIEF TECHNOLOGY OFFICER AND CO-FOUNDER

/s/ Jeffrey B. Coyne 10/31/2023

** 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).

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.