FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| Check this box if no longer subject | STATEMENT OF CHAN |
|-------------------------------------|---------------------------|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section |

IGES 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

| Name and Address of Reporting Person* Golan Lior | | | | | | 2. Issuer Name and Ticker or Trading Symbol Taboola.com Ltd. [TBLA] | | | | | | | | | eck all app | , | ng Per | rson(s) to Is 10% O Other (| wner | |
|---|--|---------|--------|---|--|---|---------------------------|---|--|--------------------|--|--------------------------|-------|---|---|-------------------------------|--|---|---|--|
| (Last) (First) (Middle) C/O TABOOLA.COM LTD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023 | | | | | | | | | A belov | below) Chief Techn | | below) | Specify | |
| 16 MADISON SQUARE WEST 7TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. 1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW Y | ORK NY | 7 1 | 0010 | | - Samura, and a samura | | | | | | | | • | Lin | Line) X Form filed by One Reporting Person Form filed by More than One Report Person | | | | on | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | Perso | וונ | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or I | Bene | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5) | | | | | | Benefi | ties cially I Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | ction(s) and 4) | | | (11341.4) | | | | | |
| Ordinary Shares 02/28/2 | | | | | | 2023 | | | A | | 873,709 | 373,709 ⁽¹⁾ A | | \$0 | 0 2,545,291(2) | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Day (Month/Day/) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | estr. | 8. Price of Derivative Security (Instr. 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 Exercisable | | Expiration Date | Numl of Title Share | | | | | | | | | |

Explanation of Responses:

- 1. Consists of Restricted Share Units ("RSUs") granted pursuant to the Issuer's 2021 Share Incentive Plan. The RSUs shall vest in equal quarterly installments through 2027, subject to the Reporting Person's provision of service to the Issuer on each vesting date. Each RSU represents the right to receive one ordinary share upon vesting and settlement.
- 2. Includes 1,671,582 ordinary shares.

/s/ John Ferrantino, Attorneyin-fact

03/02/2023

** 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.