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 | | | | | | | |

| Instruction 1(b) | | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 | L nours per r | esponse. 0.5 | | |
|------------------------------|-----------------------|--------------------------|--|---------------|---|--|--|
| 1. Name and Addr Liu Pai | ess of Reporti | ng Person [*] | 2. Issuer Name and Ticker or Trading Symbol ContextLogic Inc. [WISH] | (Check al | nship of Reporting Pe I applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify | |
| (Last) ONE SANSON | (First) /IE STREET | (Middle) , 40TH FLOOR | 3. Date of Earliest Transaction (Month/Day/Year) 09/13/2021 | - ^ | oelow) √ice President of I | below) | |
| (Street) SAN FRANCISCO | CA | 94104 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X F | Form filed by One Re | nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting | |
| (City) | (State) | (Zip) | | | | | |
| | | Table I - Non-De | erivative Securities Acquired, Disposed of, or Ber | eficially O | wned | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------|---------------|--------------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (11150. 4) |
| Class A Common Stock | 09/13/2021 | | S | | 26,595 | D | \$6.6309 ⁽¹⁾ | 24,483 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices with the range of \$6.63 to \$6.64, inclusive. The Reporting Person undertakes to provide, upon written request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Renee Jackson, Attorney-09/15/2021

in-Fact

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 ſ