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

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Name and Address of Reporting Person* Dean Lloyd H					2. Issuer Name and Ticker or Trading Symbol Progyny, Inc. [ PGNY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Dean L</u>	<u>loya H</u>					28)		<u> </u>	J					X	Directo	r		10% Ow	ner
(Last)	(F	irst)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024								Officer below)	(give title		Other (s below)	pecify
C/O PRO	OGYNY, IN	IC.			4	If Ame	ndment	Date (	of Original	Filed	(Month/Da	av/Year)		6 Inc	lividual or	oint/Group	Filing	(Check Apr	nlicable
1359 BR	OADWAY,	2ND FL			7'		marricit,	Date	or Original	i iicu	(IVIOITII II DE	ay/ (Cai)		Line)	iividdai oi d	oii ia Oi oap	, i iiiig	(Oncor App	Jiidabic
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(Street)	ORK N	v	10018												Form fi Person		e than	one Repor	ting
NEW IC	JKK IV	1	10016			ulo	10h5	1(c)	Trans	acti	on Ind	ication	,						
, and			( <b>7</b> : )		-   '	uie	1005-	1(0)	IIalis	acıı	on ma	icatioi	l						
(City)	(S	tate)	(Zip)			Che	ck this box	to indi	cate that a t	transa	ction was m	nade pursu	ant to a	a contra	ct, instructio	n or written	plan th	at is intended	to
					⊢∣⊔	satis	fy the affire	native	defense co	nditior	ns of Rule 1	0b5-1(c). S	ee Ins	truction	10.				
		Tah	le I - Nor	n_Dori	vativ	۵ ۵ ۵	curitio	: A c	auired	Die	nosod o	of or Bo	nofi	cially	Owned				
			1 - 1401							ادام		•			_				
Date			Date	e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F	s ally	Form (D) o	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership		
											(A) or			Reported Transact				(Instr. 4)	
									Code	V	Amount	(D)	P	rice	(Instr. 3 a				
Common Stock 05/23					23/202	24			A		5,147	(1) A		\$ <mark>0</mark>	11,	1,701		D	
		-	Table II -												Owned				
				(e.g.,	puts,	can	s, warr	ants	, option	is, c	onvertii	DIE SEC	uritie	es)					
1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Transa Code (			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 (Instr. 4)	s Billy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
													Am	ount					
													Nur	mber					
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Sha	ares					
Stock Option (Right to Buy)	\$27.15	05/23/2024			A		23,212		(2)	0	5/22/2034	Common Stock	23,	,212	\$0	23,212	2	D	

## **Explanation of Responses:**

- 1. Represents the number of shares of Issuer common stock underlying restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of Issuer common stock. The RSUs will vest on May 23, 2025, subject to the Reporting Person's continued service on such date
- 2. The shares subject to the option will vest on May 23, 2025, subject to the Reporting Person's continued service on such date.

## Remarks:

/s/ Mark Livingston, Attorney-

05/28/2024

in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.