SEC Form 4 FORM 4	UNITED ST	ATES SECURITIES AND EXCHANGE	COMMIS	SION		
			OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEM	ENT OF CHANGES IN BENEFICIAL O	OMB Number: Estimated aver hours per respo	0		
Instruction 1(b).	F	iled pursuant to Section 16(a) of the Securities Exchange Act o or Section 30(h) of the Investment Company Act of 1940	f 1934	l		
1. Name and Address of Reporting Person Bach Eric	n*	2. Issuer Name and Ticker or Trading Symbol Lucid Group, Inc. [LCID]		k all applicable	eporting Person e)	()
<u>Duch Lite</u>		3. Date of Earliest Transaction (Month/Day/Year)	x	Director Officer (giv	'e title	10% Owner Other (specify
(Last) (First) C/O LUCID GROUP, INC.	(Middle)	09/10/2023		below) SVP, Pro	duct & Chief	below) Engineer

7373 GATEW	AY BOULEVA	RD
(Street) NEWARK	СА	94560
r		

(State)

(Zip)

(City)

Rule 10b5-1(c) Transaction Indication

4. If Amendment, Date of Original Filed (Month/Day/Year)

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.

Line) X

Person

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. 4. Securities Acquired (A) or Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. 8) 100 (Instr. 1			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Class A Common Stock	09/10/2023		A		408,663(1)	A	\$0	2,029,792	D		
Class A Common Stock	09/10/2023		F		28,836 ⁽²⁾	D	\$5.84	2,000,956	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)		Derivative		6. Date Exerc Expiration Da (Month/Day/N	ation Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (right to buy)	\$8.26	09/10/2023		A		408,663		(3)	09/10/2030	Common Stock	408,663	\$0	408,663	D	

Explanation of Responses:

1. These restricted stock units ("RSUs") vest over four years, with 1/8th vesting on the grant date and the remainder of the RSUs to vest 1/16th on each March 5, June 5, September 5, and December 5 annually thereafter.

2. Represents shares that have been withheld by the Issuer to satisfy tax withholding and remittance obligations in connection with the vesting of RSUs reported on this Form 4.

3. These stock options will vest over four years, with 5/48th to vest on the first monthly anniversary of the grant date and the remainder to vest 1/48th on each monthly anniversary thereafter.

/s/ Benjamin Uy, as attorney-in-09/12/2023 fact for Eric Bach

** 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.

PROVAL 3235-0287 burden

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person Form filed by More than One Reporting 0.5