FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPR	OVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
	Estimated average bur	rden

hours per response:

0.5

Check this box if no longer subject	C
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

							` '			mpany Act of						
Name and Address of Reporting Person* Bell Michael			2. Issuer Name and Ticker or Trading Symbol Lucid Group, Inc. [LCID]							5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own						
(Last)	`	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/09/2024						X	below	′	Other below resident, Digi	,	
		OULEVARD			4. If A	mendme	ent, Date o	f Origina	al File	d (Month/Day	Year)	6. Indiv	vidual or	Joint/Group	Filing (Check	Applicable
(Street) NEWAR	K CA	. 9	4560									X		filed by Mor	e Reporting Per re than One Re	
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication											
					C	theck this atisfy the	s box to indic affirmative	cate that defense	a trans conditi	saction was made ons of Rule 10b	de pursuar 5-1(c). Se	it to a contr e Instruction	act, instru n 10.	uction or writte	en plan that is in	ended to
		Table	I - No	n-Deriva	tive S	ecurit	ties Acq	uired	, Dis	posed of,	or Ben	eficially	Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			y/Year) Execu		2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficially Owned Follo		6. Ownership	7. Nature of Indirect Beneficial Ownership		
				(Month/Day	y/Year)	if any		Transa Code (8)			(D) (Instr.	3, 4 and	Benefic Owned	cially I Following	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					y/Year)	if any		Code ((D) (Instr.	3, 4 and	Benefic Owned Report Transa	cially I Following	Form: Direct (D) or Indirect	Beneficial
Class A (Common Sto	ock				if any		Code (8)	Instr.	5)	(A) or		Benefic Owned Report Transa (Instr. 3	cially I Following ed ction(s)	Form: Direct (D) or Indirect	Beneficial Ownership
	Common Sto			(Month/Day	024	if any		Code (8)	Instr.	5) ·	(A) or (D)	Price	Benefic Owned Report Transa (Instr. 3	cially I Following ed ction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		ock	ble II -	04/09/2 04/09/2 Derivati	024 024 ve Sec	if any (Month/	/Day/Year)	Code (8) Code A F	v Disp	Amount 137,352 ⁽¹⁾	(A) or (D) A D r Bene	\$0 ⁽²⁾ \$2.64	Benefic Owned Report Transa (Instr. 3	cially I Following ed ction(s) 3 and 4) 39,309	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

Explanation of Responses: 1. Represents performance stock units ("PSUs") as to which the performance criteria have been satisfied. Of the PSUs reported in this Form 4, 91,568 remain subject to service-based vesting requirements that will vest in 1/12th increments on each June 5, September 5, December 5 and March 5 following the date of this Form 4.

Date Exercisable

Expiration Date

- 2. PSUs are settled in shares of common stock on a one-for-one basis.
- 3. Represents shares that have been withheld by the Issuer to satisfy tax withholding and remittance obligations in connection with the settlement of the PSUs reported above for which service-based vesting requirements have been satisfied.

and 5)

(A)

(D)

/s/ Benjamin Uy, as attorney-04/11/2024 in-fact for Michael Bell

Amount Number

of Shares

Title

** 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).

Code

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.