FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours per response	e: 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BRODSKY JEFFREY S				2. Issuer Name <b>and</b> Ticker or Trading Symbol Accolade, Inc. [ ACCD ]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner								
(Last)	(F	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/25/2023										(give title		Other (s below)		
C/O ACCOLADE, INC. 1201 THIRD AVENUE, SUITE 1700					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person					
(Street) SEALTLE WA 98101					Form filed by More than One Reporting Person											rting				
(City) (State) (Zip)					$  _{\square}$	Rule 10b5-1(c) Transaction Indication  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.														
			le I - Noi	1		_			quired, D	isp					_					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						r)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transact Code (In	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		A) or 3, 4 and	Benefici Owned	es ally Following	Form: (D) or	orm: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amoun	t (A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 07/25/					5/2023				М		14,0	60 A		(1)	23,645			D		
		Т							uired, Dis , options						Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date Execution Date if any (Month/Day/Year)			Date,	4. Transaction Code (Instr. 8)		n of E		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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nui of	Number							
Restricted Stock Units	(2)	07/25/2023			М			14,060	(3)		(3)	Common Stock	14	,060	(2)	0		D		

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit ("RSU") converted into one share of the Issuer's common stock.
- 2. Each RSU represents the contingent right to receive one share of Common Stock upon vesting of the RSU.
- 3. The shares subject to the RSU will vest on the earlier of (i) the date of the following annual meeting of the Issuer's stockholders (or the date immediately prior to the next annual meeting of the Issuer's stockholders if the Reporting Person's service as a director ends at such meeting due to the Reporting Person's failure to be re-elected or the director not standing for re-election) or (ii) the one year anniversary measured from the date of grant, each subject to continued service as a director through each applicable vesting date.

/s/ Richard Eskew, Attorney-

07/27/2023

\*\* 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.