FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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	Check this box if no longer subject to								
$\Box$	Section 16. Form 4 or Form 5 obligations may continue. See								
$\cup$	obligations may continue. See								
	Instruction 1(b).								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

								` '				ipariy Act C									
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Accolade, Inc. [ ACCD ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Barnes Stephen H.																Directo	r (give title		10% Ow Other (s		
(Last)	(Fi	3. [	Date of Earliest Transaction (Month/Day/Year)										below)	(give title		below)	pecity				
(Last) (First) (Middle) C/O ACCOLADE, INC.							08/02/2022									C	hief Fina	ncial	Officer		
1201 THIRD AVENUE, SUITE 1700																					
		. 4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street)													Line) X Form filed by One Reporting Person								
SEATTL	E W	'A	98101													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)			Person															
		Tal	ole I - Non	-Deriv	vativ	e Se	curi	ties A	qu	uired, E	Disp	osed of	f, or	Bene	eficially	/ Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transaction Code (Instr. 5) 8) 4. Securities Acquing Disposed Of (D) (I				5. Amou Securitie Benefici Owned F	Form (D) of the collowing (I) (In		: Direct   I · Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) or P		Price	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)	
Common Stock 08/02						2/2022				M		50,000	50,000 A		\$4.2	121,487			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2	2 Transaction	3A. Deemed		4.	-	_	umber	Ė		_				Amount	8. Price of	9. Numbe	u of	10.	11. Nature	
1. Iffice of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Day (Month/Day/	ate, T	Transac Code (I B)		of Deri Sec Acq (A) o Disp of (I	vative urities uired	Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			of Se Unde Deriv	curitie rlying	s Security	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ite cercisable		expiration Date	Title		Amount or Number of Shares						
Stock Option (Right to Buy)	\$4.2	08/02/2022			М			50,000	02/	//01/2016 <sup>(</sup>	1) (	2/01/2025	Comr		50,000	\$0	106,00	00	D		

## **Explanation of Responses:**

1. The shares subject to this option shall vest at a rate of twenty-five percent of the total number of shares on the one-year anniversary of February 1, 2015 (the "February 2015 Vesting Commencement Date") and 1/48th of the total number of shares each monthly anniversary of the February 2015 Vesting Commencement Date thereafter for so long as the Reporting Person remains an employee or consultant of the Issuer, such that the total number of shares shall be fully vested on the four-year anniversary of the February 2015 Vesting Commencement Date.

/s/ Richard Eskew, Attorney-in-08/03/2022

**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.