FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		00540
Vashington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
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).

Name and Address of Reporting Person* Sarafan Lily					2. Issuer Name and Ticker or Trading Symbol Maplebear Inc. [CART]							(Ch	eck all app	ionship of Reportin all applicable) Director		son(s) to Is 10% Ov			
(Last)	(Fi	rst) (ľ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/29/2024							Office below	er (give title v)		Other (s below)	pecify			
C/O MAPLEBEAR INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
50 BEALE STREET, SUITE 600													- /	filed by On	e Repo	Reporting Person			
(Street)	G		4105												Form Perso	filed by Mo on	re thar	n One Repo	orting
FRANCI	ISCO C.	A 9	4105		Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate) (2	Zip)			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.													
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3ene	eficia	Ily Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ai Disposed Of (D 5)			s Acquired (A) or Of (D) (Instr. 3, 4 and		Benefic Owned	ties cially Following	Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership					
										v	Amount	(A) (D)	or	Price		action(s) 3 and 4)			(Instr. 4)
Common	Stock			05/29/	2024			A		6,841(1)	1	A \$0		18,874			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)	Execution Date, Train		Transa Code (saction le (instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A) (D)		(D)	Date Expiration Date		Title	Amo or Num of Sha								

Explanation of Responses:

1. The shares represent restricted stock units, which vest in full on the earlier of (i) the date of the Issuer's next annual meeting of stockholders (or the date immediately prior to such meeting 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 Reporting Person not standing for re-election) or (ii) the one-year anniversary of the grant date, in each case subject to the Reporting Person's continued service through such date.

/s/ Bradley Libuit, Attorney-

in-Fact

** Signature of Reporting Person Date

05/31/2024

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.