FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* COPPINGER PAUL M | | | | | 2. Issuer Name and Ticker or Trading Symbol NOW Inc. [DNOW] | | | | | | | | | (Ch | 5. Relationship of Reportii (Check all applicable) X Director | | | ng Person(s) to Issuer | | |
|---|--|---------|---------|---|---|---|--|--|------------------------------------|-------|--------------------|--|-----------------|---|---|--|---|---|--|--|
| (Last) | (Fi | , | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023 | | | | | | | | | | Offic belo | er (give title w) | | Other (s | specify | | |
| 7402 NORTH ELDRIDGE PARKWAY | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ON T | 7 | 7041 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule | 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. | | | | | | | | | | | | |
| | | Table | l - Noı | n-Deriva | tive S | ecui | rities | Acq | uired, I | Disp | osed of | f, or | Ben | eficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | y/Year) Exec | | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securit Disposed and 5) | | | | | | 5. Ame Secur Benef Owne Follov | icially d | 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 | | ted action(s) 3 and 4) | | | | |
| Common stock 05/24/2 | | | | | 2023 | | | | A | | 12,967 | | A | \$0 | 74,043 | | D | | | |
| | | Tab | | Derivativ (e.g., pu | | | | | | | | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities uired or osed) r. 3, 4 | 6. Date E Expiratio (Month/D | n Dai | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | j | 3. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber ires | | | | | | |

Explanation of Responses:

/s/ Raymond W. Chang, as attorney-in-fact

05/25/2023

** 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.