FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per respon	se: 0.5							

	Check this box if no longer subject
٦.	to Section 16. Form 4 or Form 5
J	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

Name and Address of Reporting Person* Wolfe Serena				2. Issuer Name and Ticker or Trading Symbol Doma Holdings, Inc. [DOMA]								(Ch	elationshi eck all app X Direc	olicable)	ng Pers	Person(s) to Issuer		
(Last)	(F	rst) (N) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								Officer (give title below)		Other (s below)	specify
101 MISSION ST. SUITE 1050					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	C	Λ 0	4105												filed by Mo		J	
FRANC	ISCO C.	O CA 94105			Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate) (Z	ip)		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	- No	n-Deriva	tive S	ecur	ities Ac	quired,	Dis	posed of	f, or	Bene	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			Benefi Owned Follow	ties cially I ing	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		rted saction(s) . 3 and 4)			
Common stock 06/08/20					:023		A		65,563 ⁽¹	B ⁽¹⁾ A		\$0	16	161,855		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)			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative 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)		(B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (!)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Grant of Doma Holdings, Inc.'s (the "Company") common stock to the reporting person in the form of restricted stock units ("RSUs") pursuant to the Company's Omnibus Incentive Plan (the "Plan"). Represents a grant to a non-employee director under the Plan. The "Date of Grant" was June 8, 2023. These RSUs will be settled solely by delivery of shares of Company common stock and vest in full on the earlier of (i) the one-year anniversary of the Date of Grant and (ii) the date of the Company's next annual meeting of stockholders held after the Date of Grant, in each case, subject to continued service through such date as applicable.

Remarks:

/s/ Christian Ameri, as
Attorney-in-Fact for Serena 06/12/2023

Wolfe

** 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.