FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 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

Name and Address of Reporting Person*     Lyons Bob				2. Issuer Name <b>and</b> Ticker or Trading Symbol Edgio, Inc. [ EGIO ]									k all app	,	ng Pers	son(s) to Is			
(Last)	(Fii GIO, INC.	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023							X	Officer (give title below)			Other (specify below)			
11811 N. TATUM BLVD., SUITE 3031					4. If Amendment, Date of Original Filed (Month/Day/Year)							)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PHOEN	Street) PHOENIX AZ 85028													X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(St	ate) (Z	Zip)		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.											nded to	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benefi	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution D		Date,	Code (Inst		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securit Benefic Owned		ies cially Following	Form: (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice		action(s) 3 and 4)			(Instr. 4)
Common Stock 11/20/2					2023			<b>A</b> <sup>(1)</sup>		705,128	A	\$	0.54	1,76	,761,698(2)		D		
Common Stock 11/20/2					2023				F <sup>(3)</sup>		171,699	Ι	\$	0.54	1,589,999(2)			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)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)	Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The shares acquired from this fully-vested RSU represents the Reporting Person's bonus for fiscal 2022.
- 2. This includes 326,581 unvested restricted stock units.
- 3. The forfeiture reported in this row represents shares that were withheld by the Company solely for the purpose of satisfying tax obligations arising upon the issuance of 705,128 shares.

## Remarks:

Executed pursuant to the Limited Power of Attorney for Section 16 reporting obligations dated August 26, 2022.

Bob Lyons /s/ Richard Diegnan as Attorney-In-Fact

11/22/2023

\*\* 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.