FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 | |
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| wasnington. | D.C. | 20549 | |

| STATEMENT O | F CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|---------------------|-------------------|------------------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 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

| 1. Name and Address of Reporting Person* <u>Iwaschuk William</u> | | | 2. Issuer Name and Ticker or Trading Symbol Cipher Mining Inc. [CIFR] | | | | | (Ched | lationship of ck all applical Director | ble) | Perso | n(s) to Issue 10% Ow Other (s) | ner | | | | |
|--|---|--|---|--|---|--|---|--|--|---------------|--|--------------------------------------|---|--|-------|--|--|
| (Last) | (F HER MINI | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2024 | | | | | X | Officer (give title below) Co-President | | | below) | респу | | |
| 1 VANDERBILT AVENUE, FLOOR 54, SUITE C | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | , | | | | | | |
| (Street) NEW YO | ORK N | ΙΥ | 10017 | | | | | | | | | X | | • | • | ting Person One Reporti | ng Person |
| (City) | (\$ | State) | (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. | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | 3. Transaction Code (Instr. | | or Beneticial ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amount of | | Form: (D) or | | '. Nature of ndirect Beneficial Ownership Instr. 4) | | | | |
| | | | | | | Code | / | Amount | mount (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | " | | | | |
| 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Cod | nsaction le (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | le and | | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | le V | (A) | (D) | Date Exercisable | | oiration e | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Restricted Stock Units | (1) | 03/09/2024 | | A | | 1,410,658 | | (2) | | (2) | Common Stock | 1,410,658 | \$0 | 2,878, | 166 | D | |

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. The RSUs vest in equal installments on each of January 1, 2025, January 1, 2026 and January 1, 2027, subject to the Reporting Person's continuous service on the applicable vesting date.

/s/ William Iwaschuk

03/12/2024

** 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.