Instruction 1(b).

FORM 4

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

| Washington, D | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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>Caldwell Christopher A</u> |                       |       |  |                                   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Concentrix Corp [ CNXC ] |   |   |              |   |  |  |                      |   | ationship<br>k all app<br>Direc   | *                            |  | rson(s) to Is   |                       |   |  |  |
|--|-----------------------|-------|--|-----------------------------------|--|---|---|--------------|---|--|--|----------------------|---|---|------------------------------|--|---|-----------------------|---|--|--|
| (Last)<br>44111 No   | (Fir                  | ,     | Middle)  |                                   |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2021 |   |              |   |  |  |                      |   | X   | X Officer (give title below) |  |   | Other (specify below) |   |  |  |
| (Street) FREMO   |                       |       | 4538<br>Zip)   |                                   | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Yea      |   |              |   |  |  |                      |   |   | Form<br>Form                 | al or Joint/Group Filing (Check Applicable<br>orm filed by One Reporting Person<br>orm filed by More than One Reporting<br>erson |   |                       |   |  |  |
|  |                       | Table | I - No   | n-Deriva                          | ative S  | Secu  | rities  | Acc          | quired                                  | , Dis  | posed of   | , or E               | Benef                                     | icially   | Own                          | ed   |   |                       |   |  |  |
| Date   |                       |       |  | 2. Transact<br>Date<br>(Month/Day | y/Year) Exe  |   | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year) |              | 3.<br>Transaction<br>Code (Instr.<br>8) |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                      |   | and Securi<br>Benefi<br>Owned   |                              | ties<br>cially<br>I Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|  |                       |       |  |                                   | Code   | v   | Amount  | (A) o<br>(D) | Pri                                     | се   |  | ction(s)<br>3 and 4) |   |   | (Instr. 4)                   |  |   |                       |   |  |  |
| Common   | Stock                 |       | 10/02/2021 F 392 D \$174.94 167,115 D                    |                                   |  |   |   |              | D                                       |  |  |                      |   |   |                              |  |   |                       |   |  |  |
| Common Stock 10/03/20  |                       |       |  |                                   | 021  |   |   |              | F                                       |  | 207  | D                    | \$1                                       | 74.94   | .94 166,908                  |  | D   |                       |   |  |  |
| Common   | Common Stock 10/04/20 |       |  |                                   |  | 021   |   |              | F                                       | 237  |  | D                    | \$1                                       | 74.94   | 16                           | 166,671  |   | D                     |   |  |  |
|  |                       | Tal   | ble II -   |                                   |  |   |   |              |   |  | osed of, convertib   |                      |   |   | Owne                         | d  |   |                       |   |  |  |
| Security or Exercise (Month/Day/Year) if any                           |                       |       | emed 4.<br>ion Date, Transa<br>Code (i<br>//Day/Year) 8) |                                   |  |   | 6. Date<br>Expira<br>(Month                           | tion D       |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |  | De<br>Se<br>(In      | Price of<br>rivative<br>curity<br>str. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(:<br>(Instr. 4) | y                            | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)   | Beneficial<br>Ownership<br>t (Instr. 4)                           |                       |   |  |  |
|  |                       |       | Code   | v                                 | (A)  | (D)   | Date<br>Exercis                                       | sable        | Expiration<br>Date                      | Title  | Amou<br>or<br>Numb<br>of<br>Share                                | er                   |   |   |                              |  |   |                       |   |  |  |

Explanation of Responses:

Remarks:

/s/ Andrew A. Farwig, 10/05/2021 Attorney-in-Fact

\*\* 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.