FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | |
|-----------------------|--------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | |
| hours per response | . 0.5 | | | | | | | |

| | Check this box if no longer subjec |
|---|------------------------------------|
| ١ | to Section 16. Form 4 or Form 5 |
| ı | 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 | |
|-------|--|-------------|
| | | 5. Relation |

| 1. Name and Address of Reporting Person* Twomey Cormac J | | | | | 2. Issuer Name and Ticker or Trading Symbol Concentrix Corp [CNXC] | | | | | | | | (Chec | k all app Direc | licable) | ing Person(s) to | | | |
|--|--|-------|------------------|--|--|--|--|------------------|---|-----------------------|--|-----------------------------------|---|--|---|--|--|--|-------------|
| (Last) (First) (Middle) 39899 BALENTINE DRIVE SUITE 235 | | | | | 02/0 | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2023 | | | | | | | | | X Officer (give title officer (specific below) below) EVP, Global Ops & Delivery | | | | |
| (Street) NEWARK CA 94560 (City) (State) (Zip) | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Disposed Of (D) (Instr. 3 5) | | | , 4 and Secui Bene | | ially Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect lirect 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) |
| Common | Stock | | | 02/02/ | 2023 | | | S ⁽¹⁾ | | 3,631 | 1 D S | | \$150 | 50 25,277 | | 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) | erivative conversion or Exercise nstr. 3) Date (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Transa Code (| Fransaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | nership m: oct (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |

Explanation of Responses:

1. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 30, 2022.

Remarks:

/s/ Andrew A. Farwig, Attorney-in-Fact

02/03/2023

** 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.