FORM 4

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

vvasnington,	D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

1(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person*     Escobar Dana						2. Issuer Name <b>and</b> Ticker or Trading Symbol Adeia Inc. [ ADEA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Liscovai Dalla														Direc			10% O			
	3. Date of Earliest Transaction (Month/Day/Year)								<b>V</b>	belov	er (give title v)	ve title Other below		specify						
(Last) (First) (Middle)						09/01/2024								Chief Licensing Officer, Semi						
3025 OR	CHARD PA	ARKWAY															Ü	,		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						- and an angle of angle of the control of the contr								Line)	Line)					
SAN JO	SE CA	A 9	5134											<b>V</b>	Form	filed by On	e Rep	orting Pers	son	
																Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)												1 010	511				
		Tahla	I - No	n-Deriva	tivo S	Secu	ritias	Δςα	uired	Die	posed of	or F	Rana	ficiall	v Own	ed				
			1 - 110			_				<b>D</b> 13	I	-			_		T	1		
1. Title of	Security (Inst	tr. 3)		2. Transac Date	Execution Date,			3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3,				4 and Securities		6. Ownership Form: Direct		7. Nature of Indirect				
(Month/Day					y/Year)	//Year) if any (Month/Day/Year)		Code (Instr. 5)				Benefi			or Indirect (Instr. 4)	Beneficial Ownership				
							<u> </u>		Amount (A) or B			Report			` '	(Instr. 4)				
									Code	٧	Amount	(D)	"   F	Price	(Instr.	3 and 4)				
Common Stock 09/01/2					2024				F		1,333(1)	I	)	\$12.6	18	35,344		D		
		Tal	ـ اا ماد	Dorivati	ivo Sc	Curi	tios /	V Carr	irad [	lien	need of	or Bo	nofi	cially	Owne	d	1			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction 3A. De			4.			mber				. Title and		Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transa Code (				Expiration Date Amount of (Month/Day/Year) Securities				erivative ecurity	derivative Securities			of Indirect Beneficial			
(Instr. 3)				/Day/Year)	8)		Securities Acquired		•		Underlying Derivative				nstr. 5)	Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)		Security (Ins 3 and 4)			str.		Following		(I) (Instr. 4)	(111511.4)		
													i 4)			Reported Transaction(s)				
																(Instr. 4)	`´	``		
						Ι	and 3)						A							
													Amo or	· ·						
					Code V		(A) (D)		Date		Expiration		Num of	ber						
											Date	Title Share		es						

## **Explanation of Responses:**

1. Shares were withheld to satisfy tax withholding obligations in connection with the release of shares subject to vesting

/s/ Kevin Tanji, Attorney-in **Fact** 

09/03/2024

\*\* 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.