FORM PTO-1594	U.S. DEPARTMENT OF
COMMERCE	DOUBLE OFFICE Heliad Caston Britani and Trademark Office
(Rev. 07/05) RECORDATION FOR OMB No. 0651-0027 (exp. 06/30/2008)	M COVER SHEET United States Patent and Trademark Office
TRADEMARKS ONLY To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
	ease record the attached documents or the new address(es) below.
1. Name of conveying party(les): Silicon Valley Bank 3003 Tasman Drive	2. Name and address of receiving party(ies): Additional name(s) of conveying parties attached? ☐ Yes ☒ No
Santa Clara, CA 95054	Name: Shape Security, Inc.
	Internal Address:
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership	Street Address: 800 W. EL CAMINO REAL, STE 250
☑ Corporation-State: CA	
☐ Other	City: MOUNTAIN VIEW State: CA
Additional name(s) of conveying parties attached? ☐Yes ☒ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 94040
Execution Date(s): 02/26/2019	Association Citizenship General Partnership Citizenship
Assignment Merger	☐ Limited Partnership Citizenship ☐ Corporation Citizenship : United States, DE
Security Agreement	Other Citizenship
	If assignee is not domiciled in the United States, a domestic representative
☑ Other : Release	designation is attached: Yes No (Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identific	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	4786110
	4786157
	4937549
	4810042
C. Identification or Description of Trademark(s) (and Filing Date Registration Number is unknown):	if Application or Additional sheets attached? ☐ Yes ☒ No
5. Name and address of party to whom	6. Total number of applications and
correspondence concerning document should be mailed:	registrations involved: 4
Name: UCC Direct Services	
Internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$115.00 Authorized to be charged by credit card Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 101	Enclosed
City: Albany State: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 3974
Fax Number: 1-800-962-7049	Expirence
Email Address: cls-udsalbany@wolterskluwer.com	b. Deposit Account Number Authorized User Name
Ma to A	3/5/19
9. Signature. Signature	Date
Ryan Carpenties Name of Person Signing	Total number of pages including cover sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450. Alexandria, VA 22313-1450

TRADEMARK

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Shape Security, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property And Security Agreement dated, 05/24/2018 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 05/25/2018 Reel 6336 Frame 0384

Dated: 02/26/2019

SILICON VALLEY BANK

By:

Name: Catherine Mangum

Title: Senior Operations Manager

Catherine Mangum

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RECORDED: 03/05/2019

TRADEMARK
REEL: 006580 FRAME: 0815