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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |
| Instruction 1(b). | or Section 30(h) of the Investment Company Act of 1940 |

| 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>Stacy Michelle</u> | 2. Issuer Name and Ticker or Trading Symbol <u>IROBOT CORP</u> [IRBT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |
| (Last) (First) (Middle C/O IROBOT CORPORATION 8 CROSBY DRIVE | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022 | Officer (give title Other (specify below) below) |
| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) |
| (Street) BEDFORD MA 01730 | | X Form filed by One Reporting Person |
| BEDFORD MA 01/30 | | Form filed by More than One Reporting Person |
| (City) (State) (Zip) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--|---|---|----------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 06/10/2022 | | A | | 4,937(1) | A | \$0.00 | 11,457 | D | |
| Common Stock | | | | | | | | 9,000 | I | By grantor retained annuity trust |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| I | | | | , , | , | | , | | | | | , | | | |
|---|---|--|---|------------------------------|---|---|---------------------------|--|--------------------|-------|---|---|--|--|--|
| 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) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | Deriv | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Consists of a restricted stock unit award made pursuant to the iRobot Corporation 2018 Stock Option and Incentive Plan. The restricted stock units vest (100%) on the first anniversary of the grant date. Vested shares will be delivered to the reporting person as soon as practicable following the vesting date, but in no event later than 30 days after such vesting date.

Remarks:

/s/ Glen D. Weinstein, Attorney-in-Fact

06/13/2022

** 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.