FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

hours per response:

OMB Number: 3235-0287 Estimated average burden

0.5

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

## 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

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 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Pethilopowicki Wojciech

Name and Address of Reporting Person*     Hlibowicki Wojciech						2. Issuer Name and Ticker or Trading Symbol Rumble Inc. [ RUM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 444 GULF OF MEXICO DR					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2025									X Office below	er (give title v) ef		r (specify		
(Street) LONGBOAT KEY FL 34228					4 If 4	If Amendment, Date of Original Filed (Month/Day/Year)								6.11	Technology Officer  6. Individual or Joint/Group Filing (Check Applicable				
(City) (State) (Zip)				7. II / WING MITCHE, Date of Original Fired (World #Day Fear)								Line	X Form filed by One Reporting Person     Form filed by More than One Reporting Person  Person						
		Tab	ole I - No	n-Deri	vative	Sec	uritie	es Acc	uired,	Disp	osed of	, or E	Benef	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transidate (Month/I				/Day/Year)   Exec		Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership			
									Code	v	Amount	(,	A) or D)	Price	Reporte Transac (Instr. 3	ction(s)		(Instr. 4)	
Class A Common Stock, par value \$0.0001 per share					4/2025	/2025		F		917(1)	)	D	\$5.64	85,009		D			
		T	able II -								sed of, o				wned		,	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		te	le and 7. Title a of Secur Underlyi Derivativ (Instr. 3		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	OI N Of	umber					

## Explanation of Responses:

1. Represents the withholding of shares by the Issuer to satisfy tax liability arising from the vesting of restricted stock units. The restricted stock units vest in four substantially equal annual installments, with the third vesting date occurring on November 14, 2025. Mr. Hilbowicki did not sell any shares as part of the transaction reported on this Form 4.

/s/ Sergey Milyukov, as Attorney-in-Fact

11/18/2025

\*\* 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 Oriminal 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.