FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

Instruc	tion 1(b).			riicu	or Sec	ction 30	0(h) of the Ír	ivestmer		npany Act of	Act of 19 1940	,04					0.5
1. Name and Address of Reporting Person* Shalev-Shwartz Shai			2. Issuer Name and Ticker or Trading Symbol  Mobileye Global Inc. [ MBLY ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last)	(Fir	st) (M	(Middle) R HOTZVIM			3. Date of Earliest Transaction (Month/Day/Year) 07/10/2023							X Office below	specify			
13 HAR	TOM STRE	ET, P.O. BOX 4	5157		4. If Ar 07/12			f Origina	l Filed	d (Month/Day	//Year)	6. Lir	ne)	r Joint/Grou			
(Street) JERUSA	SALEM L3 9777513											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See												
		Table	I - Non-l	Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Ber	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution ay/Year) if any		eemed	Transaction Disposed ( Code (Instr. 5)		4 Securities	es Acquired (A) or Of (D) (Instr. 3, 4 and		nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Execu	ution Date,	Transa Code (i		Disposed O			nd Securi Benefi Owned	ties cially I Following	Forn (D) c	n: Direct or Indirect	Beneficial Ownership
						Execu	ution Date,	Transa Code (i		Disposed O			Securi Benefi Owned Report Transa	ties cially I Following	Forn (D) c	n: Direct or Indirect	Beneficial
Class A (	Common St	ock	(N		y/Year)	Execu	ution Date,	Transa Code (i 8)	Instr.	Disposed O 5)	f (D) (Insti	: 3, 4 ar	Securi Benefi Owned Report Transa (Instr. :	ties cially I Following ed action(s)	Forn (D) c	n: Direct or Indirect	Beneficial Ownership
Class A (	Common St		ole II - De	07/10/2	y/Year) 2023 ve Sec	Execu if any (Mont	ution Date, th/Day/Year)	Transa Code (18)  Code  A <sup>(1)</sup>	v Dispo	Disposed O 5)	(A) or (D)  A  or Bene	Price	Securi Benefi Owned Report Transa (Instr. : 723	ties cially I Following red cction(s) 3 and 4)	Forn (D) c	n: Direct or Indirect nstr. 4)	Beneficial Ownership
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		ole II - De	07/10/2 Derivation	y/Year) 2023 ve Sec	Executif any (Mont	ution Date, th/Day/Year)	Code (8)  Code  A <sup>(1)</sup> ired, D optior	V Dispons, C	Amount 246,919  osed of, convertible isable and te	(A) or (D) (Institute of (D) (A) or Bene e Seculity of (D) (A) Amount of Securities Underlying Derivative Security (3 and 4)	Price \$0 ficial rities	Securi Benefi Owned Report Transa (Instr. : 723	ties cially I Following red cction(s) 3 and 4)	Form (D) c (I) (III	n: Direct or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. On July 12, 2023, the reporting person filed a Form 4 which inadvertently reported a grant of Restricted Stock Units (RSUs) as Table II securities due to an administrative error.

Code V (A) (D) Exercisable Date

2. This Form 4/A is being filed to reflect all grants of RSUs as Table I securities.

/s/ Liz Cohen-Yerushalmi, 11/07/2023 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Title Shares

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.