## 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 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty   | pe Response   | s)                                     |                 |  |  |  |           |                                 |            |              |               |                          |  |   |   |  |                                     |  |                         |  |
|--|---|--|-----------------|--|--|--|-----------|---------------------------------|------------|--------------|---------------|--------------------------|--|---|---|--|-------------------------------------|--|-------------------------|--|
| 1. Name and Address of Reporting Person * Nielsen Christopher John             |   |  |                 |  | 2. Issuer Name and Ticker or Trading Symbol Redfin Corp [RDFN] |  |           |                                 |            |              |               |                          |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner  |   |  |                                     |  |                         |  |
| (Last) (First) (Middle) C/O REDFIN CORPORATION, 1099 STEWART STREET, SUITE 600 |   |  |                 | 1  | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2021    |  |           |                                 |            |              |               |                          | ear)   |   | X_ Office   | er (give title bel<br>Chie                           | ow)<br>of Financial (               | Other (specify b                               | eelow)                  |  |
| (Street)   |   |  |                 | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |  |           |                                 |            |              |               |                          |  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |                                     |  |                         |  |
| SEATTI<br>(City  | LE, WA 98   | (State)                                | (Zip)           | )  |  |  |           |                                 |            |              |               |                          |  |   |   |  |                                     |  |                         |  |
|  |   |  |                 |  |  |  |           |                                 |            |              |               |                          |  |   | Acquired, Disposed of, or Beneficially Owned  |  |                                     |  |                         |  |
| 1.Title of Security<br>(Instr. 3)  |   | 2. Transac<br>Date<br>(Month/Da        | Day/Year)       | 2A. Deemed<br>Execution Date,<br>any                 |  |  | (Instr. 8 |                                 | (A) or Dis |              | sposed of (D) |                          | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) |   | ollowing  | 6.<br>Ownership<br>Form:                             | Beneficial                          |  |                         |  |
|  |   |  |                 |  | (Mor   | nth/Day/   | Year      |                                 | ode        | V            | Amou          |                          | (A) or<br>(D)  | Price   | (Instr. 3 a   | nd 4)  |                                     | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |  |
| Common   | Stock   |  | 03/05/20        | )21  |  |  |           |                                 | G          | V            | 3,473         | I                        | D  | \$ 0  | 19,737  |  |                                     | D  |                         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Y | a 3A. I<br>Exec | (e)<br>Deemed<br>ution Date                          | <b>e</b> , if  | g., puts, calls, wa 4. Transaction Code ar) (Instr. 8) |           | i <mark>rrants, op</mark><br>5. |            |              |               | le secur<br>able<br>Date | 7. T<br>Ame<br>Und<br>Seco   | itle and 8. Price of  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners. Form of Derivati Security Direct ( or Indire | Beneficia<br>Ownershi<br>(Instr. 4) |  |                         |  |
|  |   |  |                 |  |  | Code   | V         | (A)                             |            | Date<br>Exer | cisable       | Ex <sub>J</sub>          | piration<br>te   | Title   | Amount or Number of Shares  |  |                                     |  |                         |  |
| Repor  | ting O  | wners                                  | •               |  |  |  |           |                                 |            |              |               |                          |  |   |   |  |                                     |  |                         |  |
|  |   |  |                 |  | Relationships  |  |           |                                 |            |              |               |                          |  |   |   |  |                                     |  |                         |  |
| Reporting Owner Name / Address   |   |  | Director        | r 10%<br>Owner Officer                               |  |  |           |                                 |            |              | Other         |                          |  |   |   |  |                                     |  |                         |  |
| Nielsen  | Christophe  | r Iohn                                 |                 |  |  |  |           |                                 |            |              |               |                          |  |   |   |  |                                     |  |                         |  |

Chief Financial Officer

## **Signatures**

SEATTLE, WA 98101

| /s/ Charles Lee, attorney-in-fact | 03/09/2021 |
|-----------------------------------|------------|
| **Signature of Reporting Person   | Date       |

### **Explanation of Responses:**

C/O REDFIN CORPORATION

1099 STEWART STREET, SUITE 600

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.