FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Vashington,    | D.C. | 20549 |
|----------------|------|-------|
| raoriirigiori, | D.O. | _00.0 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP                  | OMB APPROVAL |  |  |  |  |  |  |  |  |  |
|--------------------------|--------------|--|--|--|--|--|--|--|--|--|
|                          |              |  |  |  |  |  |  |  |  |  |
| OMB Number:              | 3235-0287    |  |  |  |  |  |  |  |  |  |
| 11                       |              |  |  |  |  |  |  |  |  |  |
| Estimated average burden |              |  |  |  |  |  |  |  |  |  |
| hours per respense.      | 0.5          |  |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

| 1. Name and Address of Reporting Person*  Baldwin Christopher M |   |  |  |                      |       | 2. Issuer Name and Ticker or Trading Symbol MILLERKNOLL, INC. [ MLKN ]   |                    |                   |                        |  |                   |                      |   |                         | (Che                                   | Relationship of Reporting Person(s) to Issue (Check all applicable)     Director |  |               |  |  |  |
|---|---|--|--|----------------------|-------|--|--------------------|-------------------|------------------------|--|-------------------|----------------------|---|-------------------------|--|--|--|---------------|--|--|--|
| (Last)<br>855 EAS   | (F  | •  | (Middle)                                     |                      |       | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024  |                    |                   |                        |  |                   |                      |   |                         |  | below)   |  |               |  | вресну   |  |
| P.O. BOX 302  |   |  |  |                      |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |                    |                   |                        |  |                   |                      |   |                         |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                      |  |               |  |  |  |
| (Street)  |   |  |  |                      |       |  |                    |                   |                        |  |                   |                      |   |                         |  | X Form filed by One Reporting Person  Form filed by More than One Reporting      |  |               |  |  |  |
| ZEELAN  | ND M  | I  | 49464  |                      | L     | Person   |                    |                   |                        |  |                   |                      |   |                         |  |  |  | · •           |  |  |  |
| (City) (State) (Zip)  |   |  |  |                      | Rı    | Rule 10b5-1(c) Transaction Indication  |                    |                   |                        |  |                   |                      |   |                         |  |  |  |               |  |  |  |
|   |   |  |  |                      |       | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |                    |                   |                        |  |                   |                      |   |                         |  |  |  |               |  |  |  |
|   |   | Tab  | ole I - No                                   | n-Deriv              | vativ | e Se   | curit              | ies Ac            | quire                  | l, Di  | sp                | osed o               | f, or   | Ben                     | eficiall                               | y Owned  |  |               |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da      |   |  |  | Execution Date,      |       | on Date,   | Transaction Dispos |                   | 4. Securition Disposed | es Ac<br>Of (D)  | quired<br>(Instr. | (A) or<br>3, 4 and 5 | Beneficia<br>Owned F  | es<br>ally<br>following | Form<br>(D) o                          | n: Direct<br>r Indirect<br>sstr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |               |  |  |  |
|   |   |  |  |                      |       |  |                    |                   | Code                   | v  | 1                 | Amount               |   | (A) or<br>(D)           | Price                                  | Reported<br>Transact<br>(Instr. 3 a  |  | ction(s)      |  |  |  |
| Common Stock 02/1   |   |  | 02/16  | 5/2024               | 2024  |  | M                  |                   |                        | 11,459   |                   | A                    | \$0.0   | 38,544.8251             |  |  | D  |               |  |  |  |
| Common Stock 02/16/   |   |  |  | 5/2024               | 2024  |  | F                  |                   |                        | 4,983.519  |                   | D                    | \$30.0  | 5 33,56                 | 61.3061                                |  | D  |               |  |  |  |
| Common Stock 02/16/2  |   |  | 5/2024                                       | 2024 F 5,117.766 D S |       |  | \$30.0             | .05 28,443.5401 D |                        |  |                   |                      |   |                         |  |  |  |               |  |  |  |
|   |   | -  | Table II -                                   |                      |       |  |                    |                   |                        |  |                   | sed of,<br>onvertib  |   |                         |  | Owned  |  |               |  |  |  |
| 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/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,                |       | ransaction<br>ode (Instr.  |                    |                   |                        | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |                   |                      | 7. Title and Am<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                         | s<br>Security                          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                              | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>lly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |                      | Code  | v  | (A)                | (D)               | Date<br>Exercis        | able   |                   | xpiration<br>ate     | Title   |                         | Amount<br>or<br>Number<br>of<br>Shares |  |  |               |  |  |  |
| Restricted<br>Stock<br>Units                                    | (1)   | 02/16/2024                                 |  |                      | M     |  |                    | 11,459            | 02/16/2                | .024   |                   | (1)                  | Com   |                         | 11,459                                 | \$0.0  | 29,36  | 9             | D  |  |  |

## **Explanation of Responses:**

1. The awards were delivered upon conversion of Knoll awards under the terms of the merger agreement.

By: Jacqueline H. Rice For: Christopher M. Baldwin

02/20/2024

\*\* Signature of Reporting Person

Date

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.