## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.C.	20549
	D.C.

**OMB APPROVAL** 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).

Check this box to indicate that a 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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Title of Derivative Security (Instr. 3)	2. Convers or Exerc Price of Derivati Security	sion cise ve	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed scution Date, ny onth/Day/Year)	4. Transa Code 8)		5. Num of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative ities red sed 3, 4	Ехр	iration I nth/Day		Am Sec Und Der Sec 3 au	A C N	t of es ring ve y (Instr.	Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Та	ble	II - Derivati (e.g., pu							oosed of convert					Owne	d			
Common	Stock,	\$0.00	01 par value														:	550		I s	By spouse as custodian for Child 4
Common	Stock,	\$0.00	01 par value														;	550			By Child 3
Common	Stock,	\$0.00	01 par value															550			By Child 2
Common	Stock,	\$0.00	01 par value														:	550			By Child 1
Common	Stock,	\$0.00	01 par value														82,	,990(2)	]	D	
Common	Stock,	\$0.00	01 par value		10/11/2024	1			S			15,950	(D)	\$	181.44	45 <sup>(1)</sup>	`	7,330		I ]	By Trust
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr 8)		nstr.	Amount (4		(A) or Price		5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Table	e I - I	Non-Deriva	tive	Secur	ities	Acqı	uire	ed, Di	sposed	of, or	Ве	nefic	ially	Own	ed			
PALO A (City)	LTO	(Sta		94304 (Zip)												7	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicab Line)							
C/O BROADCOM INC. 3421 HILLVIEW AVENUE				10/11/2024								_			esident, Semi Solutions Grp			1			
(Last)	<u> </u>	(Firs		(Middl	le)	3. Da	Date of Earliest Transaction (Month/Day/Year)									<b>V</b>	Director Officer (give title below)		below)		specify
1. Name and Address of Reporting Person*  Kawwas Charlie B				2. Issuer Name <b>and</b> Ticker or Trading Symbol Broadcom Inc. [ AVGO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								

## **Explanation of Responses:**

1. Transaction executed in multiple trades at prices ranging from \$181.43 to \$181.50 per share, inclusive. The price reported in column 4 above reflects the weighted average sale price per share. The Reporting Person hereby undertakes to provide the SEC staff, the Issuer or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

2. Includes 75,000 restricted stock units.

## Remarks:

/s/ Noelle Matteson, Attorneyin-Fact for Charlie B Kawwas

10/16/2024

\*\* Signature of Reporting Person

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).