Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DС | 20549 |
|---------------|------|-------|
| rvasiliigion, | D.C. | 20040 |

| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|---------|----|------------|-----------|
| | | | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|---------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | se: 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* Low Check Kian | | | | | 2. Issuer Name and Ticker or Trading Symbol Broadcom Inc. [AVGO] | | | | | | | | | tionship of Reportir all applicable) Director | | ng Person(s) to Is | | | |
|--|--|---------------|--------------|-----------|--|--|---------------------|----|--------------------|--------|--|---|---------------------------|---|--------------------------------------|--|--------------------------------------|--|--|
| (Last) | (Fir | rst) (N | Middle | e) | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2024 | | | | | | | | | | Office below | er (give title v) | | Other (s | specify |
| C/O BROADCOM INC. 3421 HILLVIEW AVENUE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) PALO A | (Street) PALO ALTO CA 94304 | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) | (St | ate) (2 | <u>Z</u> ip) | | $ _{\square}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | rsuant to a | a contract, instruction or written plan that is intended to struction 10. | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Ac | quire | d, Dis | sposed of | , or E | Benefici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | Executio | | | | | | Acquired (A) or (D) (Instr. 3, 4 an | | Securi Benefi Owned | | cially I Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | orted saction(s) r. 3 and 4) | | | (Instr. 4) |
| Common | Stock, \$0.0 | 001 par value | | 04/03/20 |)24 | | | | F | | 35 | D | \$1,363 | 1,363.21 | | 1 15,916 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any | | | | 4. Transa Code (8) | | | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Deri Sec | rice of vative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Cc | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Noelle Matteson, Attorney-04/05/2024 In-Fact for Check Kian Low

** 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 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.