FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

TATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person* Bienstock Lee					2. Issuer Name and Ticker or Trading Symbol DocGo Inc. [DCGO]									tionship all app Direc	,	ng Pei	rson(s) to Is		
(Last)	(F CGO INC	irst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024								X	below)			Other (specify below) utive Officer		
35 WEST 35TH STREET, FLOOR 6				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW YO	ORK N	Y 1	0001										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Z	Zip)		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.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution ay/Year) if any		ution [ution Date,		3. Transaction Code (Instr. 8) 4. Securi Disposer 5)		es Acquired (A Of (D) (Instr. 3,		r and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	Price	,	Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common	Stock			05/13/2	2024				P		25,000	A	\$3.	\$3.15 1,220,845 ⁽¹⁾ D			D		
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		tion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Reflects (i) 182,149 restricted stock units ("RSUs") granted pursuant to the Issuer's 2021 Stock Incentive Plan (the "Plan") that will vest in five equal quarterly installments beginning on July 1, 2024; (ii) 73,427 RSUs granted pursuant to the Plan that will vest in two equal installments on each of March 28, 2025 and March 28, 2026; (iii) 91,463 RSUs granted pursuant to the Plan that will in three equal annual installments on each of May 12, 2025, May 12, 2026 and May 12, 2027; and (iv) 675,690 RSUs granted pursuant to the Plan that will vest in four equal annual installments on each of the first four anniversaries of December 12, 2023, in each case subject to the terms of the Plan. Each RSU represents the right to receive, upon vesting, one share of Common Stock, subject to the terms of the Plan.

Remarks:

/s/ Jerilyn Laskie, as Attorneyin-Fact for Lee Bienstock 05/13/2024

** 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.