SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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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 <sup>*</sup> Clifton Michael S.		th/Day/Year) Supernova Partners Acquisition Co II, Ltd. [ SNII ]						
(Last) (First) (Middle) C/O SUPERNOVA PARTNERS ACQUISITION CO II 4301 50TH STREET NW, SUITE 300 PMB 1044 (Street) WASHINGTON DC 20016			Issuer	tionship of Reporting all applicable) Director Officer (give title below) Chief Financia	10% C Other ( below)	wner (specify (C	ed (Month/Day Individual or Jo heck Applicable X Form filed Person	int/Group Filing e Line) by One Reporting by More than One
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)				int of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)								
. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)			4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

## **Remarks:**

No securities are beneficially owned.

## /s/ Michael S. Clifton \*\* Signature of Reporting Person

Date

03/01/2021

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 5 (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.