| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| | | Table I - Non | -Derivative Securities Acquired, Disposed of, or Bene | ficially Owned | |
|---|---|---------------|---|---|-----------------------------|
| (City) | (State) | (Zip) | | | |
| (Street) NEW YORK | NY | 10001 | | Form filed by more than t | She Reporting Person |
| C/O BLADE AIR MOBILITY, INC. 31 HUDSON YARDS, 14TH FLOOR | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (0 X Form filed by One Report Form filed by More than 0 | ting Person |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2024 | Officer (give title below) | Other (specify below) |
| 1. Name and Addre Lyne Susan M | | rson* | 2. Issuer Name and Ticker or Trading Symbol Blade Air Mobility, Inc. [BLDE] | 5. Relationship of Reporting Person (Check all applicable) | n(s) to Issuer 10% Owner |
| | nded to satisfy the se conditions of Rule struction 10. | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|--|--|---|-----------------------------|---|-----------|---------------|-------------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A common stock, \$0.0001 par value per share | 08/09/2024 | | Α | | 42,826(1) | A | \$ <mark>0</mark> | 151,651 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|---|------------|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|---------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Represents a grant of Restricted Stock Units ("RSUs"), which will be settled in shares of the Issuer's common stock upon vesting. 100% of the RSUs will become vested on the date of the Issuer's 2025 Annual Meeting of Stockholders.

Remarks:

| /s/ Melissa M. Tomkiel, as | 00/12/2024 |
|------------------------------|------------------------|
| attorney-in-fact for Susan M | Lyne <u>08/13/2024</u> |

** 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.