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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* Cohen Jon R | | | | | 2. Issuer Name and Ticker or Trading Symbol Talkspace, Inc. [TALK] | | | | | | | | | | 5. Relationship of Reporting F Check all applicable) Director | | | rson(s) to Is | | |
|--|--|---------|-----------|---|--|---|---|--------------------------------|--|--------|--|------------|---|---|--|----------------------|--|---|----------|--|
| (Last) C/O TAI | (Fi | rst) (M | | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2024 | | | | | | | | V | Officer (give title below) Chief Executive | | | Other (s below) | specify | | | |
| 2578 BROADWAY #607 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10025 | | | | | | | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Date Execu (Month/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5, | | es Acquired (A) Of (D) (Instr. 3, | | or 4 and | 5. Amo Securit Benefic Owned Report | ties cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Transa | ction(s) 3 and 4) | | | (moa. 4) | |
| Common Stock 06/22/2 | | | | | 2024 | | | F ⁽¹⁾ | | 10,053 | Б | \$ | 2.13 | 2,344,785 | | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ıt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | v (A) | | Date Exercisable | | Expiration Date | Title | of Shares | | | | | | | |

Explanation of Responses:

1. Represents the number of shares withheld by the issuer to satisfy applicable tax withholding obligations in connection with the vesting of restricted stock units ("RSUs") previously reported.

By: /s/ John Reilly, Attorneyin-fact for Jon R Cohen

06/26/2024

** 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.