FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20049	

-	OIVID APPROVAL										
	OMB Number:	3235-0287									
	Estimated average	burden									

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 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

1. Name and Address of Reporting Person* BULATAO BRIAN					2. Issuer Name and Ticker or Trading Symbol Activision Blizzard, Inc. [ATVI]							(Ch	eck all app Direc	tor er (give title	ng Pers	10% Ov Other (s	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/06/2023							below Chic	n ef Admini	strativ	below) ve Office	r		
C/O ACTIVISION BLIZZARD, INC. 2701 OLYMPIC BOULEVARD, BUILDING B																			
(Street) SANTA MONICA CA 90404					4. If A							Line	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	<u>Z</u> ip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed 0						d Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)		Price	Transa	Transaction(s) (Instr. 3 and 4)			(
Common Stock, par value \$0.000001 per share 03/06/2					2023				A		3,271(1)	1	A	\$0	94.	,359 ⁽²⁾		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code			Date Exercisa	able	Expiration Date	Amou or Numb of Share		ber						

Explanation of Responses:

- 1. Grant to reporting person of 3,271 restricted stock units, each representing the right to receive one share of Issuer's common stock, scheduled to vest in full on March 9, 2023.
- 2. Following the transaction reported on this Form 4, reporting person held (a) 14,978 shares of Issuer's common stock, (b) 29,590 restricted stock units, each representing the right to receive one share of Issuer's common stock, and (c) 49,791 performance-vesting restricted stock units, each representing the right to receive one share of Issuer's common stock (assumes, as previously disclosed, target performance for each performance-vesting restricted stock unit grant; actual number of aggregate shares earned will depend on actual performance and will range from 0 to 68,415 shares of Issuer's common stock).

Remarks:

/s/ Brian Bulatao

03/07/2023

** 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.