FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 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

| Name and Address of Reporting Person* MORGADO ROBERT J | | | | | 2. Issuer Name and Ticker or Trading Symbol Activision Blizzard, Inc. [ATVI] | | | | | | | | | ck all app | tor | ng Pers | 10% O | wner | |
|--|---|--|---|------------|--|---|--|---|--|--------------------|----------------------|--|---|------------|--|--|---|---|--|
| (Last) (First) (Middle) C/O ACTIVISION BLIZZARD, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | | | | | | | | belov | er (give title v) | | Other (below) | specify |
| 3100 OCEAN PARK BOULEVARD (Street) SANTA MONICA OA 90405 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | I. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date | | | | | tion 2A. Deemed Execution Date, | | | ed Date, | 3. Transaction Code (Instr. 8) 4. Securities Act Disposed Of (D) 5) | | | es Acqu | uired (| (A) or | 5. Amo Securit Benefic Owned | unt of ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | Code V Amount | | Amount | (A) (D) | or | Price | Reported Transaction(s (Instr. 3 and 4 | | | | (Instr. 4) | | | | | | | | |
| Common Stock, par value \$0.000001 per share 06/17/2 | | | | | | '/2021 | | | | | 2,683 ⁽¹⁾ | | A | \$0 | 81,269.32 ⁽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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Deriv | vative irities ired r osed) | 6. Date E Expiratio (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

- 1. This grant was for 2,683 restricted stock units, each representing the right to receive one share of the Company's common stock, which will vest in equal installments on each of September 17, 2021, December 17, 2021, March 17, 2022, and June 17, 2022
- 2. Following the transactions reported on this Form 4, Mr. Morgado held (a) 78,586.32 shares of the Company's common stock and (b) 2,683 restricted stock units, each representing the right to receive one share of the Company's common stock.

Remarks:

/s/ Robert Morgado

06/22/2021

** 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.