FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| washington, | D.C. 205 |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| \Box | Form 3 Holdings Reported. |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| X Form 4 | Transactions I | Reported. | | or Sect | | | | | mpany Ac | | | | | | | | | |
|---|--|---|--|--|--|------|---------------|----------|--------------------|--------------------------|--|---|-----------------------|--|----------------|------------|------|--|
| Name and Address of Reporting Person* KATZ STEVEN | | | | 2. Issuer Name and Ticker or Trading Symbol DocGo Inc. [DCGO] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| MIZSIEVEN | | | | | | | | | | |) > | Director | • | 10% Owner | | | | |
| (Last) | , | , | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021 | | | | | | | Officer (give title Other (spec below) below) | | | | | ify | |
| 35 WES | Г 35TH ST | REET, FLOOR (| 5 | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Ame | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| NEW YO | ORK N | Y | 10001 | | | | | | | | |) | Form fil | ed by O | ne Repo | rting Pe | rson | |
| | | | | _ | | | | | | | | | Form fil Person | ed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non-Der | ivative Se | curitie | s Ac | quire | d, Dis | posed | of, or l | Bene | eficially | / Owned | | | | | |
| Date (Month/Day/Year) | | Execution if any | | | | | | | osed Of | Securities Beneficial | | Form: I y (D) or | | 7. Natur Indirect Benefici Owners | ect eficial | | | |
| | | | | | (WOITHINDA | | Amount | | (A) or (D) | A) or Price | | Owned at e Issuer's Fis Year (Instr. 4) | | scal (Instr. | | (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any Co | | 4. Transaction Code (Instr. 8) | ransaction Derivative ode (Instr. Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | Security | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | ship of Be D) O | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | (A) | (D) | Date Exerc | cisable | Expiration Date | n Title | Title | | | (Instr. 4) | | | | |
| Options to purchase Common | \$8.8 | 12/07/2021 | | 4A | 79,208 ⁽¹ | .) | | (2) | 12/07/203 | 1 Comi | | 79,208 | \$0.00 | 79,2 | 208 | D | | |

Explanation of Responses:

- 1. Represents stock options granted pursuant to the Issuer's 2021 Stock Incentive Plan (the "Plan").
- 2. The shares subject to the stock options vest and become exercisable in three equal annual installments beginning on December 7, 2022 through December 7, 2024, in each cash, subject to the terms of the Plan.

Steven Katz by Andre

Oberholzer as Attorney-in-Fact 01/27/2022

/s/ Andre Oberholzer

** 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.