SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name **and** Ticker or Trading Symbol
Robinhood Markets, Inc. (Last) (First) (Middle) 85 WILLOW ROAD (Street) MENLO PARK CA 94025 (City) (State) (Zip)	08/12/2026	Robinhood Ventures Fund II [RVII] Foreign Trading Symbol

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)	5. If Amendment, Date of Original Filed (Month/Day/Year)
Director ☑ 10% Owner Officer (give title below) Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person ☑ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares of Beneficial Interest	952,899	D(1)(3)(4)	
Common Shares of Beneficial Interest	139,058	D(2)(3)(4)	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Robinhood Markets, Inc. (Last) (First) (Middle) 85 WILLOW ROAD (Street) MENLO PARK CA 94025 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Robinhood Employee Fund, LP (Last) (First) (Middle) 85 WILLOW ROAD (Street) MENLO PARK CA 94025 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Robinhood Employee Fund GP, LLC

(Last)	(First)	(Middle)
85 WILLOW ROAD		
(Street)		
MENLO PARK	CA	94025
(City)	(State)	(Zip)

Explanation of Responses:

1. Represents the common shares of beneficial interest held directly by Robinhood Markets, Inc.

2. Represents the common shares of beneficial interest held directly by Robinhood Employee Fund, LP. Robinhood Employee Fund GP, LLC is the general partner of Robinhood Employee Fund, LP. Robinhood Employee Fund GP, LLC is wholly-owned by Robinhood Markets, Inc.

3. Information with respect to each of the Reporting Persons is given solely by such Reporting Person, and no Reporting Person has responsibility for the accuracy or completeness of information supplied by another Reporting Person.

4. Each of the Reporting Persons (other than Robinhood Markets, Inc. and Robinhood Employee Fund, LP to the extent that they directly hold common shares of beneficial interest) disclaims beneficial ownership of the common shares of beneficial interest reported herein except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Robinhood Markets, Inc., By: /s/ Shiv Verma Name: Shiv Verma Title: Chief Financial Officer	08/12/2026
Robinhood Employee Fund, LP, By: Robinhood Employee Fund GP, LLC, its general partner, By: Robinhood Markets, Inc., its sole member, By: /s/ Shiv Verma Name: Shiv Verma Title: Chief Financial Officer	08/12/2026
Robinhood Employee Fund GP, LLC, By: Robinhood Markets, Inc., its sole member By: /s/ Shiv Verma Name: Shiv Verma Title: Chief Financial Officer	08/12/2026
** 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 5 (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.