FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

COMMISSION Washington, D.C. 20549 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Stimuted average burden Estimated average burden

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

SECURITIES

1	Address of Re ynne Mari	2. Date of E Requiring S (Month/Day	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Worldwide Webb Acquisition Corp. [WWAC]						
(Last) 770 E TEC (Street) OREM (City)	(First) CHNOLOGY UT (State)	(Middle) 7 WAY F13-16 84097 (Zip)			Officer (give Oth		10% C	owner 6 (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
		Та	ble I - Non	-Derivati	ve Seci	urities Benefi	cially O	wned		
1. Title of Security (Instr. 4)				Į į	2. Amount of Securities Beneficially Owned (Instr. 4) 3. Owner Form: Di (D) or Inc (I) (Instr.		Direct Ov ndirect	Ownership (Instr. 5)		
						ties Beneficia ions, convert	-			
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Lynne Marie Laube 10/19/2021

** 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 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.