

| OMB APPROVAL | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | |
|---|---|--|
| 1. Name and Address of Reporting Person* <u>Corsair Group (Cayman), LP</u> (Last) (First) (Middle) C/O MAPLES CORPORATE SERVICES LIMITED PO BOX 309, UGLAND HOUSE (Street) GRAND CAYMAN E9 KY1-1104 (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>Corsair Gaming, Inc. [CRSR]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2020 | |
| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|-------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 09/22/2020 | | S | | 6,500,000 | D | \$17 | 71,295,434 ⁽¹⁾ | 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) | 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 (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|--|--|-----------------|---|--|--|---|--|
| | | | | | | Date Exercisable | Expiration Date | | | | | |

1. Name and Address of Reporting Person*
Corsair Group (Cayman), LP
 (Last) (First) (Middle)
 C/O MAPLES CORPORATE SERVICES LIMITED
 PO BOX 309, UGLAND HOUSE
 (Street)
 GRAND CAYMAN E9 KY1-1104
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
EagleTree-Carbide (GP), LLC
 (Last) (First) (Middle)
 C/O MAPLES CORPORATE SERVICES LIMITED
 PO BOX 309, UGLAND HOUSE
 (Street)
 GRAND CAYMAN E9 KY1-1104
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
EagleTree Partners IV (GP), LP

(Last) (First) (Middle)
C/O MAPLES CORPORATE SERVICES LIMITED
PO BOX 309, UGLAND HOUSE

(Street)
GRAND CAYMAN E9 KY1-1104

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[EagleTree Partners IV Ultimate GP, LLC](#)

(Last) (First) (Middle)
C/O MAPLES CORPORATE SERVICES LIMITED
PO BOX 309, UGLAND HOUSE

(Street)
GRAND CAYMAN E9 KY1-1104

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[MAJOROS GEORGE L. Jr.](#)

(Last) (First) (Middle)
C/O EAGLETREE CAPITAL, LP
1185 AVENUE OF THE AMERICAS, 39TH FLOOR

(Street)
NEW YORK NY 10036

(City) (State) (Zip)

1. Name and Address of Reporting Person*
[Bagaria Anup](#)

(Last) (First) (Middle)
C/O EAGLETREE CAPITAL, LP
1185 AVENUE OF THE AMERICAS, 39TH FLOOR

(Street)
NEW YORK NY 10036

(City) (State) (Zip)

Explanation of Responses:

1. Represents shares of common stock held by Corsair Group (Cayman), LP, or EagleTree. EagleTree-Carbide (GP), LLC, or EagleTree GP, is the sole general partner of EagleTree; EagleTree Partners IV (GP), LP, or EagleTree Partners IV, is the manager of EagleTree GP, and EagleTree Partners IV Ultimate GP, LLC, or EagleTree Ultimate, is the sole general partner of EagleTree Partners IV. Messrs. Bagaria and Majoros are the co-managing members of EagleTree Ultimate. Each of EagleTree GP, EagleTree Partners IV, EagleTree Ultimate and Messrs. Bagaria and Majoros may be deemed to be the beneficial owner of the shares of common stock beneficially owned by EagleTree, but each disclaims beneficial ownership of such shares.

Remarks:

[Corsair Group \(Cayman\), LP](#),
[By: EagleTree-Carbide \(GP\),](#)
[LLC, its GP, By: EagleTree](#)
[Partners IV \(GP\), LP, its Sole](#)
[Member, By: EagleTree](#) 09/23/2020
[Partners IV Ultimate GP,](#)
[LLC, its GP, By: /s/ George L.](#)
[Majoros, Jr. and Anup](#)
[Bagaria, Co-Managing](#)
[Members](#)

[EagleTree-Carbide \(GP\),](#)
[LLC, By: EagleTree Partners](#)
[IV \(GP\), LP, its Sole Member,](#)
[By: EagleTree Partners IV](#)
[Ultimate GP, LLC, its General](#) 09/23/2020
[Partner, By: /s/ George L.](#)
[Majoros, Jr., Co-Managing](#)
[Member, By: /s/ Anup](#)
[Bagaria, Co-Managing](#)
[Member](#)

EagleTree Partners IV (GP), 09/23/2020
LP, By: EagleTree Partners IV
Ultimate GP, LLC, its General
Partner, By: /s/ George L.
Majoros, Jr., Co-Managing
Member, By: /s/ Anup
Bagaria, Co-Managing
Member
EagleTree Partners IV
Ultimate GP, LLC, By: /s/
George L. Majoros, Jr., Co-
Managing Member, By: /s/ 09/23/2020
Anup Bagaria, Co-Managing
Member

** 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.