FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	PROVAL				
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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

Name and Address of Reporting Person* Robertson Pat	2. Date of Ever Requiring State (Month/Day/Ye 08/13/2020	tement	3. Issuer Name and Ticker or Trading Symbol <u>Dragoneer Growth Opportunities Corp.</u> [DGNR]							
(Last) (First) (Middle) ONE LETTERMAN DRIVE, BUILDING D,			Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE M500 (Street) SAN			X Officer (give title below) President and	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
FRANCISCO CA 94129 (City) (State) (Zip)	blo L Non D	Orivotiv	ra Caguritica Banefic	nially O	wood	reporting				
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		. Amount of Securities eneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(e.g				lly Own	r. 5) ied					
(e.g		warrant		Illy Own	r. 5) ied	5. Ownership cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Pat Robertson</u> <u>08/13/2020</u>

** 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.