## FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

5. Relationship of Reporting Person(s) to Issuer

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person\*

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

Chakma Justin  (Last) (First) (Middle)  C/O ARS PHARMACEUTICALS, INC.  11682 EL CAMINO REAL, SUITE 120					$\begin{bmatrix} \mathbf{A} \end{bmatrix}$	ARS Pharmaceuticals, Inc. [ SPRY ]								(Chec	all applicable) Director Officer (give title		10% Owner Other (spec		
						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024							V	below) below)  Chief Business Officer				•	
(Street) SAN DIEGO CA 92130  (City) (State) (Zip)				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(=:-97				Non-Der	ivativ	re Se	ecurit	ties A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned				
[			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				(A) or 3, 4 and	5)	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		t Ir ect B	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3 a	ion(s)		"	nstr. 4)
Common	Stock			12/12/	2024				М		117,333	Α	\$0.	.84	253	,713	D	$\neg$	
Common Stock			12/12/	2024				S		117,333	D	\$12.2	653(1)	136,380		D			
Common Stock			12/13/	/2024				M		27,272	A	\$1.	.44	163,652		D			
Common Stock 12/13/20				2024	)24		S		27,272	D	\$12.0	625(2)	136,380		D				
			Table								sposed of, , convertil				wned				
Derivative Conversion Date Security or Exercise (Month/Day/Year)		r) if any	emed ion Date, //Day/Year)  4. Transa Code (I				6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction:	Owner Form Direct or Inc. (I) (In	t (D) direct	Beneficia Ownershi (Instr. 4)		
							ΙĪ						Amou	ınt		(Instr. 4)	J(3)		

## **Explanation of Responses:**

\$0.84

\$1.44

Stock

Buy) Stock Option

(Right to

(Right to Buy)

1. The weighted average sale price for the transaction reported was \$12.2653, and the range of prices were between \$11.83 and \$12.67. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares sold at each price will be provided.

Date

Exercisable

(3)

Expiration

07/04/2029

12/13/2031

Title

Stock

Commor

Stock

- 2. The weighted average sale price for the transaction reported was \$12.0625, and the range of prices were between \$11.83 and \$12.28. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares sold at each price will be provided.
- 3. Immediately exercisable.

/s/ Kathleen Scott, Attorney-in-

or Number

of Shares

117,333

27,272

\$0

**Fact** 

\*\* Signature of Reporting Person

Date

12/13/2024

119,047

55,461

D

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

12/12/2024

12/13/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

M

(A) (D)

117,333

27,272

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.