FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response.	0.5								

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

Name and Address of Reporting Person* Scott Kathleen D.				2. Issuer Name and Ticker or Trading Symbol ARS Pharmaceuticals, Inc. [SPRY]						ck all application	ionship of Reporting all applicable) Director Officer (give title		10% Ow	ner				
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024)	below)	give title nief Fina	ncial	Other (s below) Officer	pecify
C/O ARS PHARMACEUTICALS, INC.					A If A regardence to Date of Original Filed (Month /Dr. 2007)					6 15	C. Ladinidual an Iniak/Canus Filing (Chanle And Park)							
11682 EL CAMINO REAL, SUITE 120			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)								
				-							2	X Form filed by One Reporting Person						
(Street) SAN DII	EGO C	A												Form fil Person	ed by Mor	e than	One Report	ing
(City)	(S	itate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								satisfy				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date. if any (Month/Day/Year)		e, Transaction Disposed Code (Instr.		rities Acquired (A) or ad Of (D) (Instr. 3, 4 ar		5. Amoun Securities Beneficia Owned Fo Reported	es Form ally (D) of following (I) (Ir		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) (D)	Price	Transaction(s) (Instr. 3 and 4)				111301. 4)			
	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)	Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C			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) (Month/Day/Year) Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ties ig Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Cod	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock option (right to buy)	\$5.58	01/02/2024			A		200,000		(1)	0	1/01/2034	Common Stock	200,000	\$0.00	200,00	00	D	

Explanation of Responses:

1. 25% of the shares subject to the option shall vest on January 1, 2025, and the remaining shares will vest monthly thereafter over three years.

Remarks:

/s/ Kathleen Scott

01/04/2024

** Signature of Reporting Person

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.