## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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 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.

## 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

Instruct	1011 10.																			
Name and Address of Reporting Person*     Chakma Justin						2. Issuer Name and Ticker or Trading Symbol ARS Pharmaceuticals, Inc. [ SPRY ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					-							,		_	Officer	-		10% Ov Other (s		
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								1	Officer (give title below)			below)	pecity	
C/O ARS PHARMACEUTICALS, INC.						12/10/2024								Chief Business Officer						
11682 EL CAMINO REAL, SUITE 120																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable						
(Street)													Lir	ne)	F 6		D	ation of Donne	_	
SAN DIEGO CA 92130														1	Form filed by One Reporting Person  Form filed by More than One Reporting					
-					-										Person		o alan	One repo	ung	
(City)	(S	tate)	(Zip)																	
		Tab	ole I - N	Non-Deri	vativ	e Sec	curit	ties A	cquire	ed, D	isposed c	f, or B	eneficia	lly C	wned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Dat		Date,	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)	
Common Stock 12/10/202					2024	24		M	П	50,000	Α	\$0.84		186	186,380		D			
Common Stock 12/10/202				2024	24		S	П	50,000	D	\$13.152	3.1525(1)		136,380		D				
			-41	ve Securities Acquired, Disposed of, or Benefic																
			i abie i								, converti			y Ov	vnea					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date,		ection Instr.	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	de V (A) (D		(D)	Date Exercisable		Expiration Date	Amo or Num of Title Sha								
Stock Option (Right to Buy)	\$0.84	12/10/2024		М				50,000	(:	2)	07/04/2029	Common Stock	50,000		\$0 0		D			

## **Explanation of Responses:**

- 1. The weighted average sale price for the transaction reported was \$13.1525, and the range of prices were between \$12.95 and \$13.42. 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.
- 2. Immediately exercisable.

/s/ Kathleen Scott, Attorney-in-

\*\* Signature of Reporting Person

Fact

12/12/2024

Date

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).
- \*\* 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.