FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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)

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. 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* Scott Kathleen D.						2. Issuer Name and Ticker or Trading Symbol ARS Pharmaceuticals, Inc. [SPRY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) C/O ARS PHARMACEUTICALS, INC. 11682 EL CAMINO REAL, SUITE 120						3. Date of Earliest Transaction (Month/Day/Year) 10/16/2024								Chief Financial Officer				
(Street) SAN DIEGO CA 92130					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5)		(Zip)	n Davi				4iaa Aa		D:-		f av Da	noficial	li . Ou	<u> </u>			
1. Title of Security (Instr. 3) 2. Transa Date				ansaction nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			5. Amoun Securities Beneficia Owned Fo	t of S Ily ollowing	Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)
Common Stock 10/16/2					6/202	4			М		12,500) A	\$1.5	17,4	49 ⁽¹⁾		D	
Common Stock 10/16/2					6/202	2024		S ⁽²⁾		12,500 D		\$16	4,949		D			
Common Stock													8,250(1)				See Footnote ⁽³⁾	
		•	Table II -								osed of, converti			Owned				
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)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		e	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)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date		Amount or Number of Shares					
Stock								1										

Explanation of Responses:

\$1.5

1. The Reporting Person inadvertently added the holdings of Scott 2008 Trust Dated 3/28/08 (the "Trust") as directly held on her Form 4 filed on August 20, 2024. As of the date of that Form 4, the Reporting Person owned 8,250 shares indirectly through the Trust.

(4)

02/29/2032

12,500

- 2. The shares were sold pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 27, 2024.
- 3. By the Trust.

Option

(Right to

4. Immediately exercisable

/s/ Kathleen Scott

Stock

10/17/2024

802,330

D

** Signature of Reporting Person

12,500

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).

10/16/2024

** 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.