## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

(II	IE:	<b>&gt;</b> /	AND	EXC	HANGE	COMMISS!

OMB APP	ROVAL
OMB Number:	3235-0287

OMB Number:	3235-028
Estimated average burd	den
hours ner resnonse:	0

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.

## 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

4 Name :	al Aulahana : : C	Departing Decision		2	Issue	r Name an	d Tiel	ker or Tradin	a Symbo	nl		5.5	elationship o	f Renorting	Perso	nn(s) to Issue	or 1		
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol ARS Pharmaceuticals, Inc. [SPRY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Scott Kathleen D.					THE THEIR HOUSE OF REI								Director	г		10% Ow			
														(give title	ive title Other (spec below)		pecify		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								below) below)  Chief Financial Officer						
C/O ARS PHARMACEUTICALS, INC.					01/02/2025								Cinei Financial Officer						
11682 EL CAMINO REAL, SUITE 120																			
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. lı	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line)						
SAN DII	EGO C	Α	92130										Form filed by One Reporting Person						
Di II ( DII	200 0		J2130									Form filed by More than One Reporting							
(City)	(6	toto\	(7in)										Person						
(City)	(5	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
										. Nature of									
			Date (Mo		Execution I Day/Year) if any		Date, Transacti Code (Ins				str. 3, 4 and	5) Securities Beneficia	lly (D) or			ndirect Beneficial			
ļ				•	·	(Month/Day/Yea		ar) 8) `					Owned F				Ownership Instr. 4)		
								Code	v Am	ount	(A) o (D)	r Price	Transacti	ion(s)		Ι'			
								10000	7		(D)	1	(Instr. 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(e.g	., puts	s, cal	ls, warr	ants	, options	, conv	erti	ble secu	urities)							
1. Title of 2. 3. Transaction 3A. Deemed 4.											8. Price of	9. Number		10.	11. Nature				
Derivative Conversion Date Execution Da Security or Exercise (Month/Day/Year) if any					or Disposed of (D) (Instr.				(Month/Day/Year) Und			g	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	str. 3) Price of (Month/Day/Year Derivative Security			8)			Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned Following		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
							(mati. 3 and 4)			11 <b>u</b> 4)		(1113411.4)							
				<u> </u>		3, 4 and 5)							_	Reported Transaction(s)	on(s)				
												Amount		(Instr. 4)					
				Codo	v	(4)	(D)	Date	Expira	tion	Title	Number							
				Code	\ <u>\</u>	(A)	(ח)	Exercisable	Date		Title	of Shares	-						
Stock option								(1)	l		Common	15650				_			
(right to	\$10.71	01/02/2025		A		176,700		(1)	01/01/2	2035	Stock	176,700	\$0	176,70	00	D			
buy)					l				1								I		

## **Explanation of Responses:**

1. The shares subject to the option shall vest in a series of 48 equal monthly installments measured from January 1, 2025.

/s/ Kathleen Scott, Attorney-in-01/03/2025

Fact

\*\* 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.