FORM 4

UNITED STA

Washington, D.C. 20549

IES S	SECURITIES	AND	EXCHANG	E COMMI	SSION

OMB APPROVAL	
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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 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

Instruc	uon 10.																		
Name and Address of Reporting Person* Tanimoto Sarina					2. Issuer Name and Ticker or Trading Symbol ARS Pharmaceuticals, Inc. [SPRY]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
									_		_		Directo	r	1	10% Ov	vner		
(1+)	(Loop) (Floor) (AFAHA)													(give title		Other (s	pecify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								below) below) CHIEF MEDICAL OFFICER						
C/O ARS PHARMACEUTICALS, INC.				ľ	0.1/02/2020								01111		CIL	OTTTOLL			
11682 EL CAMINO REAL, SUITE 120				\vdash															
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	EGO C	٨	92130										Form fi	led by One	Repo	rting Persor	1		
SAN DIEGO CA 92130													Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)	_									Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa					2A. Deemed Execution Date,			3. 4. Securities Transaction Disposed Of					5. Amour				7. Nature of Indirect		
					Day/Year) if any (Month/Day/Year			Code (Instr.				Beneficia Owned F	lly (D) or		r Indirect E	Beneficial Ownership			
					(Montal/Di			", 0,	_	1.0		. 1	- Reported	d			Instr. 4)		
								Code V	Amou	mount (A) or P		Price	Transact (Instr. 3 a	ind 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
								s, options	•	•		•							
1. Title of 2. 3. Transaction 3A. Deemed 4.								6. Date Exercisable and		7. Title an		8. Price of	9. Number of		10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Transa Code		Derivative Securities		Expiration D (Month/Day/			of Securit		Derivative Security	e derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)					Acquired (A) or Disposed					Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security					of (D) (Instr. 3, 4 and 5)				(iu +,		Following Reported		(I) (Instr. 4)			
				<u> </u>		3, 4 and 3						Amount	-	Transact (Instr. 4)	tion(s)				
								.				or		(111301. 4)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	on	Title	Number of Shares							
Stock																			
option (right to	\$10.71	01/02/2025		A		261,900		(1)	01/01/20	35	Common Stock	261,900	\$0	261,9	00	D			
buy)																			
Stock											C								
Option (right to	\$10.71	01/02/2025		Α		767,600		(1)	01/01/20	35	Common Stock	767,600	\$0	767,6	00	I	By Spouse		
buy)				I	1			1			I	I	1	1			1		

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-

Fact

01/03/2025 ** Signature of Reporting Person

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).
- ** 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.