FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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

1. Name and Address of Reporting Person* TOTH A ERNEST JR (Last) (First) (Middle)							2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2024								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) SVP, Chief Financial Officer					
C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WARREN NJ 07059													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rı	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.															
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or B	enef	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			Code (Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)					es Formally (D) (Following (I) (II)		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/07/						4			A 120,000 ⁽¹⁾ A		\$ <mark>0</mark>	260,000			D					
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transactic Code (Inst				6. Date Exercis Expiration Date (Month/Day/Yea		Э	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	ımber						
Non- Qualified Stock Option (right to buy)	\$5.68	03/07/2024			A		60,000		(2)		03/07/2034	Commor Stock	60	0,000	\$0	60,000)	D		

Explanation of Responses:

- 1. The Common Stock is represented by restricted stock which will vest in three annual installments with 25% on the 1st installment, 25% on the 2nd installment and 50% on the 3rd installment.
- 2. The options will vest in three annual installments with 25% on the 1st installment, 25% on the 2nd installment and 50% on the 3rd installment.

Remarks:

/s/ Lori J. Braender, as 03/11/2024 Attorney-In-Fact

** 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.