Instruction 1(b).

FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|

| to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|----|--|
| | |

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| defens | ed to satisfy the e conditions of ee Instruction 1 | Rule 10b5- | | | | | | | | | | | | | | | | | |
|--|---|--|---------------|---|---|--|---|-----------------------------------|---|------------------|--------------------|---|--|--|---|--|---|--|--|
| Name and Address of Reporting Person* Jung Cassie | | | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | |
| (Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/26/2024 | | | | | | | | | Chief Operating Officer | | | | | | |
| (Street) WARRE (City) | | |)7059 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| Date | | 2. Transac Date (Month/Da | Execution D | | Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | се | Transa | ransaction(s) nstr. 3 and 4) | | | (111511.4) | |
| Common | Stock | | | | | | | | | | | | | | 2, | 000(1) | | | by spouse |
| Common | Common Stock 1 | | 11/26/2 | /2024 | | | | S | | 44(1) | D \$ | | 1.865 | 0 | | | I | by spouse IRA | |
| Common | Stock | | | | | | | | | | | | | | 23 | 3,066 | | D | |
| | | Tal | ble II - | | | | | | | • | osed of, convertib | | | - | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | Instr. | of | ired r osed) r. 3, 4 | 6. Date | ion Da /Day/Y | ear) | 7. Title | int of rities rlying ative rity (Ins | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Shares owned by spouse who shares Ms. Jung's household. Ms. Jung disclaims beneficial ownership of the shares held by her spouse, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16(a) of the Securities Exchange Act of 1940, as amended, or for any other purpose.

Remarks:

/s/ Lori Braender, as Attorney-11/27/2024 In-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.