FORM 4

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

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Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

OMB Number:	3235-028
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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* Schobel Alexander Mark					2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [ AQST ]							(Che	Officer (give title				to Issuer 0% Owner	
(Last)	(Firs	it) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023						X	below)		on/Te	below)			
30 TECHNOLOGY DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) WARREN	l NJ	0	7059												ed by More	•	One Report	- 1
(City)	(Sta	te) (Z	ľip)		$ _{\Box}$	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.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						Form	: Direct I Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership Instr. 4)		
								Code	v	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				msu. 4)	
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 D if any (Month/Day	Date, 1	4. Transactio Code (Insti				6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Performance Stock Units	(1)	05/05/2023			A		50,000		(1)		05/05/2026	Common Stock	50,000	\$ <del>0</del>	50,00	0	D	

## **Explanation of Responses:**

1. Each Performance Stock Unit ("PSU") represents a contingent right to receive one share of Aquestive ("Company") common stock. The PSUs have a three-year Performance Period, and, to the extent earned, will vest 100% on the third anniversary of the grant date, subject to the grantee's continued employment or other service with the Company or any Subsidiary from the Grant Date through the last day of the Performance Period. The number of shares of Common Stock that will be earned at the end of the three-year Performance Period is subject to increase or decrease based on the results of the Performance Price. The Performance Price for these PSUs is defined as the 30-day average of the closing price of the Company shares as reported on the Nasdaq Stock Market immediately prior to and including the last calendar day of the Performance Period.

## Remarks:

/s/ Lori Braender, as Attorney-05/09/2023 In-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.