FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| Check this box if no longer subject | STATEMEN |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed |

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

| Name and Address of Reporting Person* Schobel Alexander Mark | | | | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | | (Che | ck all app | , | ng Pei | rson(s) to Is 10% O Other (| wner |
|--|--|-------|---------|---|---|--|--------|--|------------------|------|--|---|-------|--|---|--|---|-----------------------------------|-----------|
| (Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2020 | | | | | | | | | belov | below) Chief Innovation/T | | below) | ` |
| 30 TECHNOLOGY DRIVE (Street) WARREN NJ 07059 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | , 4 and Secu Bene | | cially Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | ount (A) o | | rice | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) |
| Common Stock 04/29/2 | | | | | ′2020 | | | | S ⁽¹⁾ | | 40,000 D | | \$4.5 | 4.5 1,022,113 | | | D | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | vative urity (Conversion or Exercise (T. 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) de V (A) (D) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial 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 were sold pursuant to a Rule 10b5-1 Stock Trading Plan.

Remarks:

/s/ Robert Arnold, as Attorney-In-Fact

04/30/2020

** 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.