FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |
| |

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

| Name and Address of Reporting Person* Cochran John | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|--|---|---------|--------------------------------|---|---|--------------|--|---|------------------|--|--|---|--|-------------------------------------|--|---|--|
| (Last) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023 | | | | | | | | r (give title | | 10% Ow Other (spelow) | | |
| C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WARREN NJ 07059 | | | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | 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 - Nor | n-Deriv | vative | Se | curitie | s Ac | quired, D | Disp | osed o | f, or Be | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Da | | | Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | Benefici Owned I | es ally Following | Form: D | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | ce Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Common Stock | | | | | | | | | | | | 99 | 99,486 | | | | | | |
| | | 7 | | | | | | | uired, Dis s, options | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, | 4. Transactio Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Dii or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Natur of Indirec Beneficia Ownersh (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to | \$2.02 | 06/21/2023 | | | A | | 25,000 | | 06/21/2024 ⁽¹ |) 0 | 6/21/2033 | Common Stock | 25,000 | \$0 | 25,000 | | D | | |

Explanation of Responses:

1. The shares underlying the options vest as follows: 100% of the underlying shares vest June 21, 2024, subject to Mr. Cochran's continuous service with the Issuer from the grant date through the applicable vesting date.

Remarks:

<u>/s/ Lori Braender, as Attorney-In-Fact</u>

06/23/2023

Date

** 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.