## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Wa	ash	inato	n.	D	C.	20549	

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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

Name and Address of Reporting Person*     Barber Daniel				2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [ AQST ]					ck all applica Director	ible)	erson(s) to Issuer				
(Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023				X	below)	give title President a	below)	Other (specify below)		
30 TECHNOLOGY DRIVE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)				Line)	l '					
(Street) WARREN	NJ	0	07059								X		•	Reporting Perso	
(City)	(Sta	ite) (2	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 sat the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										o satisfy					
		Tab	ole I - Non-l	Derivativ	re Se	curities	Ac	quired, D	sposed o	f, or Ber	neficially	Owned			
Date			?. Transactio Date Month/Day/Y	Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8)			5. Amount Securities Beneficial Owned Fo	ly (i	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
			Code V			Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  34. Deemed Execution Date if any (Month/Day/Year)		Code	Transaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)  T. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	Ownershi Form: y Direct (D) or Indirect (I) (Instr.	Beneficial Ownership t (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(5)	
Performance Stock Units	(1)	05/05/2023		A		223,500		(1)	05/05/2026	Common Stock	223,500	\$0	223,500	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 granted'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 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

## Remarks:

/s/ Lori Braender, as Attorney-In-Fact

05/09/2023

\*\* 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.