FORM 4

Check this box if no longe

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

r subject to m 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						to Section 16(a				4	• •••	ll l	Estimated average burden hours per response:			0.5			
1. Name and Address of Reporting Person* Maxwell John T.					Aques	Name and Tionstive Thera	<u>apeu</u>	tics	<u>, Înc</u>	<u>.</u> [AQS		elationship (eck all applic Directo Officer below)	able)	g Pers	10% Ov Other (s	wner			
(Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 07/24/2018									-Chief Fi	inanci	ial Officer		
(Street) WARREN NJ 07059 (City) (State) (Zip)					4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)									fividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - Nor	n-Deriv	ative Se	curities Ac	quir	ed,	Disp	osed o	f, o	r Bene	ficially	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	e, Tr Co ar) 8)	3. Transaction Code (Instr. 8)		5) (A) or				5. Amour Securitie Beneficia Owned F Reported Transact (Instr. 3 a	s ally ollowing l ion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		-				urities Acq s, warrants								Owned	-				
1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date, T	ransaction code (Instr.	5. Number of Derivative Securities	Expir	6. Date Exercisable a Expiration Date (Month/Day/Year)			of S Und	itle and A securities lerlying ivative S	•	Derivative d Security S			10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi	t	

Purchase' **Explanation of Responses:**

\$15

Security

07/24/2018

Derivative

Security (Instr. 3)

Stock Option

(Right to

1. The shares underlying the options vest as follows: 25% of the underlying shares vest on the first anniversary of the grant date, 25% of the underlying shares vest on the second anniversary of the grant date and the remaining 50% of the underlying shares vest on the third anniversary of the grant date, subject in each case to Mr. Maxwell's continuous service with the Issuer from the grant date through the applicable vesting date.

Date

Exercisable

(1)

(D)

/s/ Robert Arnold, as Attorney-

Amount Number

Shares

36,120

In-Fact

Title

Commo

Stock

Expiration

07/24/2028

(Instr. 3 and 4)

\$0

Following

Reported Transaction(s) (Instr. 4)

36,120

or Indirect (I) (Instr. 4)

D

(Instr. 4)

Ownership

** Signature of Reporting Person

Date

07/26/2018

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).

Code

Α

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.

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A)

36,120