FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| ı | 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 ar Scibetta | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | elationship o eck all applio X Directo | | | on(s) to Issu 10% Ow | | | | | |
|--|---|--|---|--|--|---|--|------|--|--|---|---|--|---|---|---|--|---------------------------------------|
| (Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019 | | | | | | | | | (give title | | Other (s below) | pecify |
| 30 TECH | INOLOGY | DRIVE | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WARRE | N N. | J | 07059 | _ | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non- | -Deriv | vativ | e Se | curitie | s Ac | quired, | Dis | posed o | f, or Bei | neficial | y Owned | | | | |
| | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Disposed Code (Instr. 5) | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | Benefici | ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaci (Instr. 3 | ion(s) | | | 113U. 4) |
| Common | Stock | | | | | | | | | | 8, | 664 | | D | | | | |
| 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | [| Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Purchase) | \$4.38 | 06/13/2019 | | | A | | 13,350 | | 06/13/2020 | (1) | 06/13/2029 | Common Stock | 13,350 | \$0 | 13,35 | 0 | D | |

Explanation of Responses:

1. The shares underlying the options vest as follows: 100% of the underlying shares vest June 13, 2020, subject to Mr. Scibetta's continuous service with the Issuer from the grant date through the applicable vesting date.

Remarks:

/s/ Robert Arnold, as Attorney-06/14/2019 In-Fact

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.