SEC For	m 4 FORM	4		) ST/		S SI	ECUR	RITI	ES AN	DE	EXCHA		OMMI	SSION						
				•	ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See					ENT	NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
							I 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 and Address of Reporting Person <sup>*</sup> COSTA SANTO J					A	ques	stive T	hera	•	<u>s, Îr</u>	nc. [ AQS	(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (circo title Other (carecify)			ner				
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024								Officer (give title Other (specify below) below)						
C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE					4.									Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person						
(Street) WARREN NJ 07059						Form file Person									ed by More than One Reporting					
						Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interesting the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													it is intended	to satisfy						
		Tal	ole I - Non	-Deri	vativ	ve Se	curitie	s A	cquired	, Dis	sposed o	f, or Ber	neficiall	y Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					(ear)	Execution if any	A. Deemed xecution Date, any /onth/Day/Yea		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		5. Amour Securitie Beneficia Owned F	s For Illy (D) ollowing (I) (		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			insu. 4)		
Common Stock									Γ				17,327			D				
			Table II - I (								oosed of, convertil			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E: Expiratio (Month/D	n Dat	e	7. Title and of Securiti Underlying Derivative (Instr. 3 ar	ies g Security	t 8. Price of Derivative Security (Instr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to Purchase)	\$2.5	06/20/2024			Α		38,000		06/20/202	5 <sup>(1)</sup>	06/20/2034	Common Stock	38,000	\$0	38,00	0	D			

## Explanation of Responses:

1. The shares underlying the options vest as follows: 100% of the underlying shares vest June 20, 2025, subject to Mr. Costa's continuous service with the Issuer from the grant date through the applicable vesting date.

## Remarks:

/s/ Lori Braender, as Attorney-06/24/2024 In-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.